An Evaluation of the Video Anger Management Programme (VAMP)

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David Tie

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CONTENTS

PAGE

TABLE OF CONTENTS..... i

LIST OF TABLES..... iii

LIST OF FIGURES..... iv

LIST OF APPENDICES..... vi

ACNOWLEDGEMENTS..... vii

ABSTRACT..... 1

1. INTRODUCTION..... 2

1.1 The problem of anger..... 2

1.2 Defining basic concepts..... 2

1.3 The relationship between anger and aggression..... 4

1.4 Rationales for anger treatments..... 8

1.4.1 Relaxation treatments..... 8

1.4.2 Cognitive treatments..... 9

1.4.3 Skills training treatments 9

1.4.4 Multi-component treatments..... 10

1.5 Treatment outcome studies..... 10

1.5.1 Overseas studies with non-offender populations 11

1.5.2 Overseas studies with offender populations.... 13

1.5.3 New Zealand offender studies..... 16

1.6 Methodological issues in outcome research..... 18

1.6.1 Sample characteristics..... 18

1.6.2 Research design..... 18

1.6.3 Dependent measures..... 21

1.6.4 Length of follow-up..... 22

1.7 The Video Anger Management Programme..... 23

1.7.1 Programme objectives..... 23
1.7.2 Selection Criteria..... 24
1.7.3 Pre-screening..... 24
1.7.4 Programme content..... 25
1.7.5 Comparisons with other programmes..... 29
1.8 Aims of the current study..... 29
2. METHOD..... 31
2.1 Design..... 31
2.2 Participants..... 31
2.3 Procedure..... 35
2.4 Dependent Measures..... 36
2.5 Time scale for evaluation..... 37
2.6 Time to first offence methodology..... 38
3. RESULTS..... 40
3.1 Binary recidivism comparisons..... 40
3.2 Frequency comparisons..... 41
3.3 Severity Comparisons..... 43
3.4 Time to first offence comparisons..... 50
3.4.1 Time to first general offence..... 50
3.4.2 Time to first violent offence..... 52
4. DISCUSSION..... 54
5. REFERENCES..... 64

LIST OF TABLES

TABLE.....PAGE

1. Means and Standard Deviations of Violence Prediction..... 34
   Variables for Completer, Dropout, and Contrast Groups

2. Reconviction Probability Predictions Versus Obtained..... 40
   Proportions Who Offended in the POST Period

3. Means and Standard Deviations for Frequency of..... 41
   Offending in the POST Period

4. Means and Standard Deviations for Offending..... 43
   Severity in the PRE and POST periods

LIST OF FIGURES

FIGURES.....PAGE

1. Change in Average Severity of Offending from PRE to POST Time Periods for Completer and Contrast Groups... 44

2. Change in Maximum Severity of offending from PRE to POST Time Periods for Completer and Contrast Groups... 45

3. Change in Average Severity of Offending from PRE to POST Time Periods for Dropout and Contrast Groups..... 46

4. Change in maximum Severity of Offending from PRE to POST Time Periods for Dropout and Contrast Groups..... 47

5. Change in Average Severity of Offending from PRE to POST Time Periods for Completer and Dropout Groups... 48

6. Change in Maximum Severity of Offending from PRE to POST Time Periods for Completer and Dropout Groups... 49

7. Adjusted Survival Functions of Time to First Offence for Completer and Contrast Groups..... 51

8. Adjusted Survival Functions of Time to First Violent Offence for Completer and Contrast Groups..... 53

LIST OF APPENDICES

APPENDIX.....PAGE

1. Circle of coping..... 76

2. Anger journal..... 77

3. Time out procedures for partners..... 78

4. Progressive muscle relaxation..... 80

5. Discussion exercise: ABC cognitive model..... 82

6. Relaxation through breathing control..... 85

7. Discussion exercise: Knowing ourselves..... 86

8. Relaxation through guided fantasy..... 88

9. Passive, assertive, and aggressive styles of communication..... 89

10. Relaxation through guided imagery..... 90

11. Guidelines for expressing anger assertively..... 93

12. Myths and realities of family violence..... 96

APPENDIX PAGE

13. Abused and abuser scenarios..... 98

14. Guidelines for dealing with conflict..... 100

15. Personal commitment to use anger management techniques..... 101

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ABSTRACT

A quasi-experimental design with matched assignment to the contrast group was used to compare the effectiveness of the Video Anger Management Programme (VAMP) with that of mainstream New Zealand Corrections practices, in reducing both violent and general recidivism. Compared to mainstream practices, completed treatment led to significant reductions in the frequency and severity of recidivism, but was not significantly more effective in delaying the onset of re-offending. Partially completed treatment also led to significant reductions in the frequency and severity of violent and general re-offending, relative to mainstream practices, but was not as effective as completed treatment in reducing the frequency of general offending. The implications of these results are discussed, possible explanations for the programme's success are explored, and potential modifications for the existing programme, derived from recent treatment outcome literature, are suggested.

1. INTRODUCTION

1.1 The problem of anger

In some respects anger is a paradox. Because it is a normal emotion and part of everyday human experience, it has no automatic status as a problem. For some people it can be an effective force, used to energise and motivate effective action-taking in the face of adversity. In this sense, anger may have a potentiating function, converting feelings of helplessness to a sense (possibly illusory) of taking charge of one's destiny. In such cases anger is rarely out of control. In its problematic manifestations, the experience and expression of anger are more volatile, erupting frequently and impulsively, unchecked by consideration of the consequences (Novaco & Welsh, 1989). Clearly, the ability to regulate and manage anger has important implications for well-being. The inability to regulate anger constitutes a risk factor for both the well-being of the individual, and the safety and the well-being of others. This study is primarily concerned with the other-directed (aggressive) aspects of mismanaged anger. I will begin by defining basic concepts pertaining to anger and aggression, and then discuss the relationship between these constructs. The rationale behind contemporary treatment strategies for anger will then be outlined along with the results of studies examining their relative effectiveness. Finally, the programme to be evaluated will be described and the specific hypotheses to be tested will be stated.

1.2 Defining basic concepts

When Averill (1982), Tavris (1989) and Spielberger and his colleagues (Spielberger 1988b; Spielberger, Jacobs, Russel & Crane, 1983; Spielberger, Russel, Crane, Jacobs, & Worden,1985) reviewed various attempts to define anger, aggression and hostility, they concluded that providing definitions remains a difficult task, and that researchers had not yet agreed on uniform

definitions. Historically, anger has been confused with hostility and aggression, and the terms have been used interchangeably.

Kassinove and Sukhodolsky (1995) defined anger as:

" A negative, phenomenological (or internal) feeling state associated with specific cognitive and perceptual distortions and deficiencies (e.g., mis-appraisals, error and attributions of blame, injustice, preventability and/or intentionality), subjective labelling, physiological changes, and socially constructed and reinforced organised behavior scripts".

Their definition emphasises the phenomenological nature of anger in addition to physiological, cognitive and behavioral elements. Other authors have placed almost exclusive emphasis on the cognitive processing thought to underlie the experience and expression of anger. For example, Ellis (1977) and Lazarus (1991) defined anger in almost entirely cognitive terms. In particular, they stress the role of irrational beliefs, expectations, and appraisals of events in the generation and maintenance of anger. Novaco and Welsh (1989) point out that the cognitive mediation of anger is more than simply an intermediary process between exposure to a stimulus and the resulting physiological and behavioral reactions. They argue that cognitive mediation should also be understood as an automatic and intrinsic part of the perceptual process. Novaco (1978, 1985) distinguishes between triggering environmental events (provocations), cognitive processes, physiological/affective arousal, and angry behaviors.

Aggression is commonly defined as overt motor behaviour enacted with the intent to do harm to a person or object (e.g., Berkowitz, 1993; Spielberger, 1988b). There are, firstly, behavioral and observable aspects to the construct. Secondly, there is a motivational component (i.e., intent) that allows us to differentiate aggression which is accidental (e.g., knocking someone down while attempting to escape from a fire) from aggression

which is intentional (e.g., knocking someone down during a fight). Criminal aggression typically constitutes aggression with demonstrable intent. Aggressive acts may be further categorised into instrumental or emotional aggression. Instrumental aggression is defined as aggression carried out for an extrinsic purpose (i.e., as a means to an end rather than an end in itself). In contrast, emotional aggression derives from an urge to alleviate a negative internal mood state, which may or may not take the form of anger.

According to Berkowitz (1993), hostility is a decidedly negative attitude toward one or more people or things. It is reflected in people's negative judgements about others, and the verbal behaviour associated with hostility is seen as a marker for anger. Obviously, not every angry or hostile person is aggressive. However, some authors (e.g., Spielberger, 1988b) see hostility as a complex set of feelings (including anger) and attitudes that motivates aggressive and vindictive behaviour.

1.3 The relationship between anger and aggression

While anger is neither necessary nor sufficient for aggression to occur, it is nonetheless a central activator of both individual and collective violence (Novaco, 1986; Novaco & Welsh, 1989). As a contributor to aggressive behaviour, it can be classed as a form of emotional aggression. The expression of anger is socially and culturally mediated (e.g., Kassinove & Sukhodolsky, 1995) and can vary greatly in its manifestations. Some angry individuals are outwardly and negatively expressive (i.e., anger-out style). For example, these individuals may verbally or physically attack others, objects, or themselves. Others experience anger, but tend to withold, suppress, or repress it (i.e., anger-in style). They may show little external expression, but experience considerable internal turmoil and stress. Still other individuals, when angered, engage in a variety of calming and palliative coping skills that lower their arousal and allow them to endure

and deal more calmly with a provocative situation (i.e., anger-control style). Finally, some individuals may engage in a variety of appropriate approach, problem solving, limit-setting, assertive expression, and negotiation skills (i.e., an anger-proactive style). The general point is that, when angered, people may respond in a variety of adaptive and maladaptive ways.

Some progress has been made in identifying triggers for angry aggression in normal populations (Averill, 1982, 1983; Deffenbacher, 1991). However, less is known about triggering events in violent groups. Deffenbacher (1991) reported that high anger people (those who report more frequent and intense daily anger reactions) did not differ from low anger people in the range of antecedent events they responded to. Averill (1982,1983) found that, in 85% of cases, his subjects' most recent experience of anger had been provoked by perceived injustice from another person that was both preventable and voluntary. The effects of provocation have been explained both in terms of the anticipated consequences of failing to respond, such as loss of self esteem, and in terms of the cognitive appraisal of the provocation. An act perceived as provocative and antagonistic is liable to increase both 'angry arousal' and the likelihood of aggression (Novaco, 1976,1978).

Berkowitz (1989) proposed that frustration of goal directed activity produces a state of emotional arousal (anger), which in turn creates the potential for aggression. In most cases this potential will be realised only when cues for aggression are available and salient in the environment. However, in some cases anger may be intense enough to create an aggressive outburst without the presence of environmental triggers. Also, some environmental cues for aggression may be strong enough to elicit aggression without the angry state.

Novaco (1978) noted that there may be a reciprocal relationship between cognition and anger such that while particular cognitions induce anger, experiencing anger can also lead an individual to think in an aggressive manner. He went on to argue that a similar relationship may function between anger and aggressive behaviour. As noted previously, the cognitive mediation of anger involves perceptual processes as well as processes of interpretation and appraisal. Novaco and Welsh (1989) argue that cognitive processing that is predisposed towards anger and aggression can be viewed in terms of 5 information processing biases.

(1) *attentional cueing*- refers to selective activation of certain categories in memory through priming from the environment or from internal processes (e.g., moods). Situational cues can have different salience across perceivers. What receives attention is very much a matter of dispositional variables, including anger. The arousal of anger may direct attention to aggressive cues which, in turn, facilitates aggression. Preoccupation and rumination are cognitive processes by which chronically angered persons self generate provocation, prolonging anger reactions beyond normal dissipation periods.

(2) *perceptual matching*- refers to biasing the selection of stimulus categories chosen to represent a situation. Previous experience with provocation will hypothetically facilitate the perception of antagonistic elements in a situation. That is, the more someone has been exposed to aggressive stimuli, the more readily he or she will perceive aggression (Scherer 1975, cited in Novaco and Welsh, 1989). Early exposure to violent events may result in a number of violent schemas being encoded and stored, rendering them highly available to recall.

(3) *fundamental attribution error*- refers to the tendency to over- attribute the behaviour of actors to dispositional rather than situational causes. Dyck & Rule (1978) found that the recipient of an attack retaliated more when the causal basis for the attack was attributed to personal characteristics of the attacker than when the cause was attributed to features of the situation.

Driscoll (1982) reported findings which suggest aggressive individuals may routinely make dispositional attributions.

(4) *false consensus effect*- refers to the tendency to assume that a larger proportion of others think and behave as oneself than is actually the case. This perceptual error is related to deficiencies in perspective taking commonly found in aggressive and angry populations (Novaco & Welsh, 1989). Such egocentric mechanisms of information processing may give rise to self-preoccupied schematic structures by virtue of which individuals make egocentric attributions of their own values to all other persons. For example, criminals often assume their crime to be typical of everyone else's desires (Yochelson & Samenow, cited in Novaco & Welsh, 1989).

(5) *anchoring effects*- refers to the tendency for one's initial judgement to become resistant to change, even when subsequent information dictates that revision is necessary. Research has shown that mitigating information (i.e., situational determinants of a provokers behaviour) is given less weight if supplied after a provocation, than if supplied beforehand (Kremer & Stephens, 1983). Elevated arousal due to anger stemming from original person-centred attributions may act to block revision of these attributions through a process of perceptual narrowing. In other words, the anchoring effects of anger arousal may be the product of selective schema or script activation which acts to limit the search for, or retrieval of, alternative interpretations.

Other researchers (e.g., Deffenbacher, 1993; DiGuiseppe, 1995) have suggested additional information processing biases that distort and lead to excesses in normal levels of anger. Among these are (a) poor estimation of probabilities (i.e., overestimation of the probability of negative outcomes, underestimation of both the probability of positive outcomes and the adequacy of personal coping resources), (b) dichotomous thinking (e.g., things are either right or wrong, people either like me or hate me), (c)

inflammatory or provocative labelling (whereby anger escalates as a function of highly emotionally charged language, instead of the realistic problems the individual is facing), (d) demandingness and/or dictatorial thinking (i.e., perceived injustice escalates when moral expectations or guidelines are not fulfilled, and is often followed by beliefs that others should not have acted as they did), and (e) catastrophic evaluations (i.e., the tendency to perceive unmet demands or dictates in an exaggeratedly negative manner and define them as unbelievable, awful etc.).

In summary, the arousal of anger and prior experience with aggression may render aggressive stimuli in a situation more salient. In addition, the cognitive processing of angry individuals tends to result in intellectually rigid and inflexible thinking, which lowers the probability of entertaining alternative interpretations of an event. Clearly, chronically high levels of anger, and the inability to regulate its experience and expression constitute risk factors for aggression. The discussion now moves to the rationales for various anger treatments.

1.4 Rationales for anger treatment

1.4.1 Relaxation treatments

Many clinicians and researchers have noted that the experience and expression of anger are often accompanied by high levels of physiological arousal (e.g., Berkowitz, 1990; Novaco, 1975). It is further assumed that this physiological arousal interferes with peoples' capacity to accurately perceive a situation, assess the responses available to them, and direct their actions in accordance with the perceived consequences of these responses. This may result from both the physiological priming of anger related schemas, and the perceptual narrowing which accompanies high levels of arousal and is thought to block alternative interpretations of events (Novaco & Welsh,

1989). In addition, high levels of physiological arousal may interfere with effortful processing (e.g., Bodenhausen, Shepherd, & Kramer, 1994), thereby leaving an individual more susceptible to heuristic biases such as the false attribution error and the false consensus effect.

The success of relaxation therapies with anxiety disorders, and the similarities between the physiological arousal of anger and anxiety (e.g., Tafrate, 1995) form the premise for using these therapies with dysfunctional anger. When used in isolation, the focus of relaxation therapy is on teaching clients to reduce physiological arousal levels as noted by muscle tension, breathing rate and so on. When relaxation is used in a desensitisation procedure, the goal is to counter-condition or extinguish the power of, or reactivity to, anger provoking stimuli by pairing them with relaxation.

1.4.2 Cognitive treatments

Cognitive approaches assume that an individual's perceptions, expectations and appraisals determine whether anger is elicited in a particular situation. The goal of cognitive treatment is to modify cognitions and self statements so that the individual will not experience anger, or so that anger intensity will remain at a level that does not interfere with adaptive behaviour. The success of Meichenbaum's self instructional training (1974) and stress innoculation approach (1975) with anxiety disorders, and Beck's cognitive therapy with depression, provided the premise for applying these approaches with anger.

1.4.3 Skills training treatments

The underlying premise of skills training approaches is that many psychological problems, including anger disorders, stem from interpersonal skills deficits. These deficits may inhibit people from dealing effectively with different situations and prevent them from achieving their personal goals.

This , in turn, may contribute to emotional disturbances (e.g., D'Zurilla & Goldfried, 1971). The goal of treatment is to help clients learn new behavioral responses that are likely to increase their chances of achieving desirable interpersonal outcomes. The most prominent skills training approaches applied to the treatment of anger are assertiveness training, pro-social skills training and problem solving.

1.4.4 Multicomponent treatments

Multicomponent treatments are those strategies which combine several techniques such as relaxation, self instructional training and skills training. The premise here is that, as the experience and expression of anger is multi-determined, the combination of several techniques is likely to be superior to any single approach. Combined approaches have dominated the treatment literature since Novaco's (1975) pioneering study. In this study he found that the combination of cognitive and relaxation therapies was superior to either treatment alone, although other researchers have not always replicated these findings (e.g., Deffenbacher, 1990). Subsequent to his 1975 study, Novaco (1977) developed a multi-component framework for anger treatment based on Meichenbaum's (1975) stress innoculation procedure. Applied to anger, this procedure involves identifying antecedents to anger (anger provoking situations), developing a variety of skills to control anger when confronted with these situations, and then engaging these skills while exposed to each situation in turn, until they no longer produce dysfunctional levels of anger.

1.5 Treatment outcome studies

The following review will present, in order, the findings of anger management treatments with overseas non-offender populations, overseas offender populations, and New Zealand offender populations.

1.5.1 Overseas studies with non-offender populations

This section will report the results of studies investigating anger treatment effectiveness that employed an experimental control design. These studies have found anger treatments to be effective with undergraduate students (e.g., Deffenbacher, 1988; Fehrenbach & Thelen, 1981), nursing students (e.g., Evans, Hearn, & Saklofske, 1973; Hearn & Evans, 1973), borderline hypertensive patients (Davison, Williams, Nezami, Bice & DeQuattro, 1991), and child-abusing parents (Whiteman, Fanshel, & Grundy, 1987).

Relaxation therapies (RT) have been found to be effective in reducing *self reported anger* and *anger-related physiological arousal* (Deffenbacher, Demm & Brandon, 1986; Deffenbacher & Stark, 1992; Evans, Hearn, & Saklofske, 1973; Hazaleus & Deffenbacher, 1986; Hearn & Evans, 1972; Novaco, 1975; Rimm, DeGroot, Hyman, Boord, & Dillow, 1971), *self-reported hostility* (Davison, Williams, Nezami, Bice & De Quattro, 1991; Hearn &Evans, 1972; O'Donnell & Worrell, 1973) and *self reported verbal and physical antagonism* (Deffenbacher et al, 1986; Deffenbacher & Stark, 1992; Hazaleus & Deffenbacher, 1986). In his meta-analysis of anger treatment outcome studies, Tafrate (1995) found that procedures pairing relaxation with exposure to anger provoking stimuli produced larger effect sizes (mean ES = 1.63) than procedures employing relaxation in isolation (mean ES = .48).

Cognitive therapies (CT) have been found to be effective in reducing *self-reported anger and anger-related physiological arousal* (Deffenbacher, 1988; Novaco, 1975;), and *self-reported verbal and physical antagonism in response to provocation* (Deffenbacher, 1988; Moon & Eisler, 1983). Tafrate (1995) reported that therapies which employed self instructional procedures produced larger effect sizes (mean ES = 1.0) than the single study which applied Beck's cognitive therapy (ES = .64).

Social Skills Treatments (SST) have produced significant reductions in *self-reported anger* (e.g., Rimm, Hill, Brown & Stuart, 1974), *anger-related physiological arousal* (e.g., Deffenbacher, McNamara, Stark & Sabadell, 1990), *self-reported verbal and physical antagonism in response to provocation* (e.g., Deffenbacher et al, 1987) and *general and school-related* delinquency (Deffenbacher, Oetting, Huff, Cornell, & Dallager, 1996). Tafrate (1995) found no significant differences between the effect sizes of interventions employing assertiveness training and problem solving training (mean ES = .86 and .76, respectively).

Therapies which combine cognitive and relaxation procedures (CRT) have produced significant reductions in *self-reported anger* (e.g., Deffenbacher, 1988; O'Donnell & Worrell, 1973), *anger-related physiological arousal* ((e.g., Deffenbacher et al, 1987; Hazaleus & Deffenbacher, 1986), *self-reported verbal and physical antagonism* ((e.g., Deffenbacher, 1988; Deffenbacher & Stark, 1992), and *observed verbal and physical aggression* (Feindler & Ecton, 1986; Feindler, Marriott, & Iwata, 1984).

In terms of overall effect size for each respective treatment, Tafrate (1995) found the largest effect size for RT (mean ES = 1.16), followed by CT (mean ES = 1.0), CRT (mean ES = 1.0) and SST (mean ES = .62). Edmonson and Conger (1996) conducted a subsequent meta-analysis in which they compared effect sizes for each treatment as a function of category of outcome measure.

RT appeared to effect the most change in *anger experience* followed by CRT, CT, and SST (mean ES = 1.19, 1.04, .96 and .90, respectively). However, all effect sizes were large, indicating that each treatment approach has a positive effect on anger prone clients. The ES for *self-reported anger behaviour*

ranged from small to large indicating that some treatments are more effective than others. RT, CRT and SST (mean ES = .79, .71, and .72) appeared to have a larger impact on *self-reported anger behaviors* than CT which produced only small changes (mean ES = .29). For *observed anger behaviour*, the effect size for SST (mean ES = 1.13) was considerably larger than for CT (ES = .34). Although the CT result was based on only one study, it was similar to the CT effect size for *self-reported anger behaviour* and may, therefore, be a representative measure of effectiveness. No studies of RT or CRT assessed *anger behaviour with observational methods.* RT produced the largest change in *self-reported physiological arousal* (mean ES = 1.21) followed by CRT, SST and CT (mean ES = .76, .58, and .57, respectively). A reversed result was found for *observed physiological change* with SST and CT producing the largest effects (mean ES = .86 and .87, respectively) and CRT and RT producing only small effects (means = .36 and .30, respectively).

In summary, all intervention modalities have proved effective with non-offender populations. It is difficult to recommend one treatment approach over another because different anger treatments produced large effect sizes for some aspects of anger and only small effect sizes for others. As Edmonson and Conger (1996) point out, it is likely to be more productive to recommend different approaches for treatment of different aspects of anger and different categories of anger-prone people. To date, research investigating which anger treatment works best for whom has not been conducted.

1.5.2 Overseas studies with offender populations

For this section, only those studies which incorporated an experimental control or multiple baseline design were reviewed. Most notable in these studies is the fact that all employed at least some elements of Novaco's stress innoculation (SI) procedure for anger.

7 studies have employed variations of this procedure with adolescent offenders. Schlichter and Horan (1981) implemented the SI anger treatment over 10 sessions with a group of 12 institutionalised juvenile delinquents having a history of aggression. They obtained significant treatment effects, compared to a no-treatment control group, on self reported anger and on role played verbal aggression in response to provocation. Hains (1989) employed a multiple baseline design to test the effectiveness of an intervention utilising elements of SI (problem solving and self instruction) in treating 4 institutionalised juvenile delinquents with a history of aggression. He found improvement in problem solving ability and significant reductions in measures of anger and acting-out behaviour.

Goldstein and Glick (1996) reported a series of controlled outcome studies with adolescent offenders employing an approach they termed Aggression Replacement Training (ART). This treatment combines an SI anger management approach with Kohlberg's (1969,1973) moral education procedure. Kohlberg's procedure is designed to raise a young person's level of fairness, justice, and concern about the rights and needs of others.

In their first study with 24 adolescent offenders incarcerated for non-violent offences, the authors reported a significant post-test increase in pro-social skills and significant decreases in behavioral incidents and staff rated impulsivity, relative to attention and no-treatment control groups. In a second study with juvenile delinquents incarcerated in a maximum security institution for violent offences, they found similar improvements in staff-rated social skills and impulsivity, but no differences between treatment and control groups in frequencies of behavioral incidents. The authors speculated this negative result may have been the product of the tighter behavioral controls imposed on offenders within this institution, which allowed less opportunity for acting out. To explore the effects of this

intervention in a community setting, the authors conducted a 6 month follow-up of juvenile delinquents released from a residential facility. This study compared youth alone receiving ART, youth and significant others in the youths lives receiving ART, and a no-treatment control. On measures of self-reported anger, both treatment groups recorded a significant decrease relative to controls. On measures of recidivism (frequency of re-arrest), the treatment group involving significant others was significantly superior to the youth alone treatment group, and both treatment groups recorded a significant decrease relative to controls.

Currula (cited in Goldstein & Glick, 1996) investigated the relative efficacy of ART with and without the moral education component. In a controlled 6 month follow-up study with 67 young adult offenders in a community setting, she found the frequency of acting-out behaviors in the ART with moral education group to be significantly lower than both ART without moral education and control groups, neither of which showed any reduction. On measures of recidivism (re-arrest), however, differences between groups did not reach statistical significance. The author attributed this lack of difference to the low incidence of recorded charges during the follow-up period. Leeman and his colleagues (cited in Goldstein & Glick, 1996) combined ART with Gibbs' (1996) Positive Peer Culture (PPC) approach in treating juvenile felony offenders in a medium security institution. This approach encourages participant's to take charge of their own treatment, for example by choosing for themselves from a range of skills procedures. The authors reported a significant effect of treatment on frequency of re-arrest over a 12 month follow-up period, relative to PPC only and no-treatment control groups.

Only 3 overseas studies with an adequate research design have investigated anger treatment with adult offenders. Stermac (1987) employed an SI approach in treating 20 institutionalised forensic patients with a history

of anger control difficulties and aggressive behaviour. She reported significant improvement on measures of self-reported anger, impulsivity and coping strategies for the treatment group relative to a psycho-educational control group. In a multiple baseline design with three institutionalised forensic patients, Bornstein and his colleagues (Bornstein, Weisser & Balleweg, 1985) employed the SI procedure and reported significant treatment gains, demonstrated by ratings of behaviour in videotaped role play, ward behaviour ratings, and self-reported anger. Howells (1989), utilising a multiple baseline design, found indications of cognitive, behavioral and physiological change in a single institutionalised forensic patient treated with an SI approach.

1.5.3 New Zealand offender studies

To date, 5 New Zealand studies have investigated the effectiveness of anger management techniques with offender populations. Unfortunately, only two of these studies (Barnes et al, 1990; Scriven, 1988) used a control group, and no study conducted a follow-up. Using a pretest-posttest design, Scriven (1988) used a CRT approach with assertiveness training in treating 9 prison inmates referred for anger-related problems. She found significant reductions on one measure of self-reported anger (Novaco Anger Inventory: Novaco, 1975) relative to a wait list control group, but no significant difference on another measure of anger self-report (State Trait Anger Inventory: Spielberger, 1983), or in the frequency of prison incident reports. Barnes and her colleagues (Barnes et al, 1990) found significant post-test improvement on self-report measures of anger, relative to a no-treatment control group, but no difference in prison officers' ratings of offender behavior. Uncontrolled studies by Thomas (1986), Denson (1987) and Rippen (1988) found no post-test change on any of the measures they used.

In summary, overseas studies have demonstrated that anger treatment incorporating an SI approach can be successful in remediating anger and

related antisocial behaviour in both adolescent and adult offenders. These results have been replicated with both psychiatric and normal populations. Preliminary findings suggest that adding a moral education component may enhance the efficacy of the procedure with both adolescents and young adults, and also that including significant others in treatment may facilitate generalisation of these gains to community settings.

New Zealand offender studies, however, have provided only limited evidence of treatment efficacy. There was no evidence of treatment impact on behavioral outcomes and inconsistent findings with regard to self-reported anger experience and expression. In a prior review of these studies, Batcheler (1991) proposed 3 potential explanations for these negative findings. Firstly, the sample sizes employed were small and may, therefore, have lacked the statistical power required to detect treatment effects. Secondly, the self-report inventories used to measure anger are foreign and without New Zealand norms or terminology. Most require a reasonable level of literacy and are, therefore, likely to be unreliable when used with New Zealand offender populations. Thirdly, the interventions may not have been long enough to adequately implement each component of their multi-component packages. Batcheler (1991) points out that this is likely to be a valid criticism in light of the number of sessions required by more academic researchers (e.g., Deffenbacher et al, 1987, 1988) to implement just one or two of these components with highly cognitive student populations. However, this criticism seems at odds with the reported success of short term multi-component interventions with overseas offender populations (e.g., Schlichter & Horan, 1981; Stermac, 1987). The length of the New Zealand programmes may have limited their efficacy but does not, in itself, explain the failure to achieve significant treatment effects. Interpretation of the New Zealand offender studies is perhaps most strongly compromised by the lack of methodological stringency employed, that is, the lack of control groups and/or follow-up.

1.6 Methodological issues in outcome research

1.6.1 Sample characteristics

Size

Sample sizes should be large enough to detect statistical differences and permit logical generalisation (Basta & Davidson, 1988). More than 60% of the studies in this review had 10 or fewer subjects per condition. Hence, it is possible that the low power of these designs prevented researchers from detecting significant differences between groups. Prospective studies should perform a power analysis at the programme's design stage to determine the sample sizes needed to detect effects.

Statistical power is generally said to be the joint function of 1) the number of subjects or observations in the study, 2) the level of alpha, and 3) the size or strength of the treatment effect. Thus, the number of subjects required for a study will depend on the magnitude of the treatment effect that can be expected. Barbaree (1997) demonstrated that, for studies employing recidivism as a criteria, the size of treatment effect necessary to reach statistical significance is inversely related to the base rate of the offence categories employed. That is, offence categories with low base rates will require larger effect sizes to achieve statistical significance than offence categories with high base rates. Hence, in considering the sample size required for recidivist outcome studies, the base rates of the offence categories selected as outcome measures must be taken into account.

Composition

As Palmer (1983) pointed out, treatment outcome research needs to determine not only which treatments work, but also *which treatments* work best for *whom*, and under *which conditions*. Only two studies investigated the

interaction of client characteristics and treatment outcome. O'Donnel and Worrell (1973) found that lower hostility scores were positively related to outcome. Conoley et al (1983) studied repression-sensitisation, but found it was not related to treatment outcome. In general, there is a lack of information about the relationship between client characteristics and treatment outcome. Important client characteristics to study in terms of their impact on treatment include gender, motivation for treatment (DiGiuseppe, Tafrate & Erckhardt, 1994), age, ethnicity, anxiety, social skills, and type of anger-related difficulty. For offender treatment studies, additional variables of interest would include prior offending characteristics such as frequency and severity of offending, and psychological variables such as psychopathy and substance abuse.

Attrition

Several of the studies in this review employing random assignment to conditions reported dropouts from their treatment group. While random assignment may have created equivalence across conditions at the outset of their experiments, differential attrition may have dissipated group equivalence. Also, none of the studies reviewed evaluated the outcome of treatment dropouts. While this is perhaps understandable, given participant reluctance to continue, it precludes the possibility of testing the effects of partially completed treatment. Violence treatment studies that have compared treatment participants and dropouts have often reported little or no difference between groups (e.g., Behrnes, 1996; Halpern, 1984), suggesting that elements early in treatment (including non-specific factors) may be having an effect.

1.6.2 Research Design

The majority of studies reviewed (with the notable exception of New Zealand studies) employed randomised assignment to treatment and control conditions. While this design is generally promoted as the research design of choice (e.g., Dane, 1990), it is not without its limitations. Random assignment does not act to actually control extraneous variables, but rather enables researchers to equalise their effects across all levels of the independent variable. Randomly assigned groups should, therefore, not differ systematically in terms of extraneous variables, but may still be non-equivalent in terms of their absolute levels of these variables. If one or more of these variables is highly predictive of the dependent measure of interest, a small difference between groups on this variable could confound interpretation of the effects of the independent variable on the dependent measure. Small numbers of participants in comparison groups reduce the chance that equivalence across comparison conditions can be achieved by random assignment alone and, as noted above, more than 60% of the studies reviewed had fewer than 10 subjects per condition.

Random assignment with some degree of matching on variables conceptually and/or empirically related to outcome measures may be necessary to maximise comparison group equivalence. The efficacy of matching procedures is dependent on the known degree of the relationship between potential matching variables and the outcome measure/s of interest. Where a reliable and close relationship can be demonstrated, and where these variables are subject to experimental manipulation, a matching procedure may even prove superior to random assignment, particularly for designs with very small sample sizes.

Although the vast majority of studies reviewed had control groups, only nine used attention (placebo) control groups, the rest had only no-treatment or wait list control groups. Attention-control groups are desirable

in addition to no-treatment controls because they control for non-specific treatment effects such as therapist attention, willingness to address a problem, and becoming more aware of anger (Edmonson & Conger, 1996).

1.6.3 Dependent measures

Although the studies reviewed measured outcome on a variety of dependent measures, none investigated the relationship between change in one dependent measure and change in another. For example, it would be useful to know whether a reduction in a measure of anger experience is predictive of change in anger-related behaviour. This would be especially useful in evaluating treatment research which relies solely on self report measures to assess treatment effects. In addition, if a self report measure proved to be a reliable predictor of later behaviour, it could be routinely administered at the latter stages of the treatment process, as a guideline to whether further treatment is likely to be required.

With regard to selecting the dependent measures for offender outcome research, Justice (1994) argues that recidivism should remain the basic indicator of effectiveness. In the current review, studies employing recidivism as an outcome measure (Currula, 1996; Goldstein & Glick, 1996; Leeman et al, 1996) reported only binary measures of re-arrest (i.e., was re-arrested/was not re-arrested). As Farrington (1992) notes, this is a rather insensitive measure. Individual offending frequency, severity, and time until a first offence would provide a more sensitive assessment of the impact of treatment on recidivism. In addition, employing two or more measures of the same dependent variable would strengthen confidence in results. For example, severity of recidivism could be investigated in terms of change of both maximum and average severity of offending.

1.6.4 Length of follow-up

"Maintenance of treatment effects across time and across situations is the ultimate test of treatment efficacy" (Basta & Davidson, 1988, p.373). Confidence in the findings of studies utilising longer follow-up periods is greater because, in most cases, treatment effects would be expected to be strongest immediately following intervention, and to decrease with time (e.g., Barbaree, 1997).

However, in some cases a period of post intervention follow-up may be required before treatment effects can emerge. For example, in studies which investigate the impact of treatment on subsequent behaviour, follow-up must be sufficient to allow time for the behaviour to occur. Studies in the present review which employed a very short follow-up or no follow-up at all (e.g., the New Zealand offender studies) may not have allowed sufficient time for significant differences in the rates of behavior between treatment and control groups to emerge. As a rule of thumb, it would be desirable for follow-up to exceed the median expected time for the behaviour to occur, that is, at least half the sample should have displayed the behaviour before the end of follow-up.

Also, the extent to which treatment generalises to contexts outside of the treatment situation can be better gauged by allowing time for the participant-centred treatment effects to interact with the social/contextual elements of the person's natural environment. For example, significant others in the participant's life may initially react in a negative fashion to changes in his or her behaviour, thereby suppressing or negating the effects of treatment. This social negation of treatment may attenuate over time as the individual learns to apply the skills they have learned in a variety of interpersonal contexts. Thus, the effects of treatment may either decrease or increase as a function of time and situation. In either case, a follow-up is required to detect these trends.

Of the 23 non-offender treatment studies reviewed, only 12 reported a follow-up and 4 of these were of 8 weeks or less duration. Of the 16 offender treatment studies, only 3 reported a follow-up, the maximum of which was 12 months. In light of the fact that treatment effects may require time to emerge, and given that they may either increase or decrease over time as they interact with the treatment participant's social milieu, conclusions based on extant studies regarding the maintenance of treatment effects over time should be interpreted with a degree of caution.

1.7 The video anger management programme (VAMP)

The VAMP is a 10 week, multicomponent cognitive-behavioral treatment package designed for use within the New Zealand criminal justice system. It incorporates didactic instruction, modelling, the use of role play, group discussion and exercises, along with a series of video presentations illustrating how techniques may be implemented. Language and role plays were specifically designed to be suitable for those with minimal education. Given that a large proportion of VAMP participants are likely to be of Maori or Pacific Island origins, a section of the manual is devoted to basic issues pertaining to conducting cognitive-behavioral therapy with these groups. A brief overview of group processes and leader points is also included to provide facilitators with an awareness of process issues and potential problem areas. The programme was developed by psychologists of the Psychological Services Division of the New Zealand Department of Justice as a resource that could be employed by psychologists and non-psychologists alike.

1.7.1 Programme objectives

1) to increase participants' understanding of anger.

2) to increase participants' knowledge and use of anger management skills.

3) to encourage participants to believe in the effectiveness and practical utility of anger management skills.

4) to encourage an expectation of self-efficacy in participants with regard to their ability to use anger management techniques effectively.

5) to reduce the incidence of aggression and/or violent behaviors

6) to maintain gains over time

1.7.2 Selection criteria

Referrals to a VAMP come from a variety of sources within the New Zealand justice system (e.g., courts, prison authorities). Offenders are accepted into the programme if they: a) have current, unaddressed difficulties with anger control that are considered to be related to their offending or to other major life problems, b) are not actively opposed to programme participation, c) are judged able to cope with group processes, and d) have no current psychiatric condition.

1.7.3 Pre-screening

Once the leaders have finalised participants for a group, an orientation interview is conducted to outline the course, answer participant queries, and to give facilitators an understanding of each individual's knowledge and awareness of their anger. Participants are informed that an evaluation sheet on their participation and progress will be placed on their respective files at the completion of the course. Facilitators are advised to select from the following psychometric instruments to provide a pretreatment-posttreatment assessment of participant progress:

a) NAI - Novaco Anger Inventory (Novaco, 1975)

b) STAXI - State Trait Anger Expression Inventory (Spielberger, 1988a).

1.7.4 Programme content

The programme is delivered in group format over 10 weekly sessions of 2 hour duration. The treatment manual specifies the components of treatment, the specific techniques to be employed, and the sequence in which they are to be delivered. It also offers guidelines as to the time that should be devoted to each topic area, and the resources likely to be required for each session. A brief description of the VAMP training programme follows (a detailed training manual is available from the Psychological Services Division of the Department of Corrections).

Session 1. The primary aim of this session is to equip participants with an understanding of the nature of anger, and its consequences. The session begins with a discussion of the programme rationale and aims, and the setting of ground rules for group participation. The nature of anger and violence are then explored, and the positive and negative aspects of anger discussed. Finally, a circle of violence and a circle of coping (see appendix 1) are presented and discussed as alternative strategies for dealing with rising anger. The circle of coping is presented as a collection of strategies to take responsibility and gain personal power, whereas the circle of violence is portrayed as representing the loss of responsibility and personal power. The circle of coping provides a template for subsequent sessions which deal successively with each stage of the circle.

Session 2. The primary aim of this session is to enable participants to recognise and self-monitor their anger. It begins with a review of the definitions of anger and violence, and a discussion of adaptive and maladaptive ways of dealing with anger. Participants are then instructed in the first stage of the circle of coping: recognising their anger. This comprises training in recognising 1) the physical and behavioral signs of anger, 2) the way in which thoughts influence, and are influenced by, anger, and 3) the

different levels of anger-arousal. Finally, participants are trained in the use of anger journals (see appendix 2), and instructed to keep a record of their anger experiences including: the situations in which they become angry, their physical and behavioral responses, the level of arousal experienced, and the emotional consequences of their anger episode. Journal entries are reviewed at the beginning of sessions 3 - 6.

Session 3. The primary aim of this session is to equip participants with behavioral techniques for staying in control of their levels of arousal. Time out is introduced as an interim strategy for dealing with anger that is in danger of getting out of control. It is emphasised that this technique is not a way of avoiding conflict, but rather a means of dealing with situations more effectively, that is, without resorting to maladaptive anger outbursts. A handout outlining the rationale for time out, and how best to respond to it, is provided for the partners of treatment participants (see appendix 3). Finally, the rationale for using relaxation as a strategy to manage anger is presented. Participants are advised that each session over the next 6 weeks will end with a different relaxation technique. The session concludes with instruction in progressive muscle relaxation (see appendix 4).

Session 4. The primary aims of this session are to assist participants to identify how their patterns of dealing with conflict developed, and to increase their awareness of the ways in which their thoughts and beliefs affect their responses to anger-provoking situations. Participants are asked to explore how significant others in their early lives dealt with conflict, to identify the strategies they themselves learned and currently employ, and to evaluate the usefulness of these strategies. A cognitive ABC model of anger is then introduced in which beliefs and thoughts (B) are shown to mediate the physiological and behavioral reactions (C) to antecedent situations (A). Participants practice identifying the consequences of positive and negative

styles of thinking through role-plays and discussion exercises (see appendix 5). In conclusion, relaxation through breathing control is introduced (see appendix 6).

Session 5. The primary aims of this session are to assist participants to come to know and value themselves, and to develop self-instruction skills to cope with provocation. In a guided discussion, participants evaluate themselves on a number of dimensions (see appendix 7), and are encouraged to praise themselves for the positive qualities they identify. They are then assisted to develop individualised sets of positive self-instructions to apply in the following stages of an anger experience: 1) preparing for a situation that could provoke anger, 2) when the first signs of anger are recognised, 3) when anger is at its peak, and 4) evaluating the aftermath of an anger experience. Participants write down their self-instructions on flashcards and practice using them in role-plays. The session concludes with instruction in relaxation through guided fantasy (see appendix 8).

Session 6. The primary aim of this session is to enhance communication skills. Participants are shown how effective verbal and non-verbal communication can prevent and/or resolve conflict. The importance of becoming aware of one's feelings and learning to express them effectively is discussed, and passive, aggressive, and assertive styles of communication are described and compared (see appendix 9). In conclusion, relaxation through guided imagery is introduced (see appendix 10).

Session 7. The primary aim of this section is to teach participants how to express their anger assertively. The 3 styles of communication are reviewed and body language appropriate to each style is defined and modelled by participants. Guidelines for expressing anger assertively are presented and rehearsed (see appendix 11).

Session 8. The primary aim of this session is to assist participants to manage their anger and eliminate violence in their close relationships. Participants begin by defining what constitutes a good relationship, what they each want from their relationships, and what barriers they themselves create to achieving these goals. Myths and realities about family violence are explored (see appendix 12), and abuser and abused scenarios are presented and discussed (see appendix 13). The abuser scenario allows facilitators to introduce issues such as gender role socialisation, power and control, jealousy, and the effects of drugs and alcohol. The abused scenario assists participants to develop empathy towards those on the receiving end of their behavior. Participants are then assisted to develop individual safety plans for keeping their homes safe. The group concludes with each group member sharing a component or aspect of their safety plan with the group.

Session 9. The primary aim of this session is to provide participants with conflict resolution skills. Group members discuss potential barriers to communication when in conflict situations, and explore strategies for facilitating communication under these conditions. Guidelines for dealing with conflict are provided (see appendix 14), and specific problem solving skills (based on the D'Zurilla and Goldfried (1971) model) are modelled and rehearsed in role plays.

Session 10. In the final session, participants are instructed in relapse prevention skills including: 1) distinguishing a lapse from a relapse, 2) preparing for a lapse, 3) identifying high risk situations for a lapse and developing strategies to avoid lapsing when confronted by these situations, 4) the development of a plan to cope with a lapse when it occurs, and 5) developing a support network including family, friends, partners and local community support networks. Participants are also encouraged to fill out a

written commitment to continue using anger management techniques (see appendix 15).

1.7.5 Comparisons with other programmes

The central elements of the VAMP are shared by most other anger treatment interventions employing a stress innoculation approach. There is a strong focus on rectifying participants' inability to regulate their experience and expression of anger through assisting them to acquire self-control skills. In addition, participants are provided with a variety of social skills to enhance their interpersonal effectiveness, and promote their chances of achieving desirable outcomes without resorting to anger or aggression. Where the VAMP differs from most other programmes is in providing a relapse prevention component. Relapse prevention has proven a useful tool in the treatment of a variety of behavioral problems including addictions and sexual offending. The extension of this procedure to the treatment of dysfunctional anger is likely to promote the maintenance of treatment effects.

The hours of treatment contact provided by multicomponent interventions for anger has ranged from 6 hours for SI procedures alone (e.g., Stermac, 1987), to 30 hours for interventions combining SI with other treatment components (Goldstein & Glick, 1996). Thus, the 20 hours of treatment contact provided by the VAMP represents a medium to high level of intensity for an intervention of its type. As will be discussed in a later section, this level of intensity may be a minimum requirement for the population likely to be referred to a VAMP.

1.8 Aims of the current study

Despite extensive use since its introduction in 1989, the VAMP has yet to be evaluated in terms of how it impacts on subsequent offending patterns.

The present study employs a quasi-experimental design with matched assignment to a contrast group to achieve this goal. In contrast to prior treatment evaluations, the current study investigates the recidivist outcomes of both treatment dropouts and treatment completers. It also has the largest sample size and the longest follow-up time of any study to date.

It aims to test the central hypothesis that participation in a VAMP leads to reductions in subsequent recidivism. Specific objectives of the evaluation are:

1) to assess the effects of VAMP participation on violent recidivism.

2) to assess the effects of VAMP participation on general recidivism

3) to ascertain whether participation in the VAMP delayed re-offending (violent and general).

2. METHOD

2.1 Design

A pretreatment-posttreatment quasi-experimental design with matched assignment to the contrast group was used to compare the effectiveness of the VAMP to that of mainstream New Zealand corrections practices in reducing both violent and general recidivism.

2.2 Participants

Personal Record Numbers (PRN's) and VAMP records were obtained for 156 male offenders who had attended, while incarcerated, the Video Anger Management Programme run by the Palmerston North branch of the Psychological Services Division of the New Zealand Department of Corrections. The programmes evaluated ran between July 1990 and August 1996. From this pool of potential participants, 4 were excluded due to invalid PRN's, which precluded the possibility of obtaining matching or outcome data for these individuals. A further 39 were excluded as they had not been released from prison by the end of the follow-up period. Of the remaining 113, 86 were designated as treatment completers on the basis of having attended a minimum of 5 out of 10 sessions of the programme (mean attendance = 8.4 sessions), while the 27 who had attended fewer than this number (mean attendance = 1.7 sessions) were designated non-completers.

The treatment completer group comprised 20 Caucasians, 54 Maori, 9 Pacific Islanders, 2 Asians and 1 participant of unknown ethnicity, 94% of whom had prior convictions for violent offences. The non-completers (hereafter referred to as the dropout group) comprised 4 Caucasians, 20 Maori, 2 Pacific Islanders and 1 participant of unknown ethnicity, 96% of whom had prior convictions for violent offences.

A contrast group of 86 offenders, comprising 24 Caucasians, 47 Maori, 14 Pacific Islanders and 1 participant of unknown ethnicity, was selected from a pool of 624 offenders who had been released in 1990 after serving a sentence of at least 6 months for a violent offence. This release date was chosen to give a follow-up period for the contrast group which would approximately overlap that of the VAMP participant groups.

Offenders were selected for the contrast group if they were the best match for individual treatment completers on the basis of their probability of re-offending at the time of criterion incarceration , as defined by the Bakker, Riley, and O'Malley (1995) model. This model utilises weightings of raw and transformed predictor variables to obtain estimates of the probability of re-offending over a 4.67 year follow-up period. The types of raw variables employed are gender, race, offender/re-offender status, most recent offence category, most recent time period at large (i.e., period between the 2 most recent court appearances minus estimated prison sentence served), prior rate of court appearances or convictions, and prior seriousness of offending. The accuracy of this model can best be understood from the perspective of how well the predicted probabilities relate to the actual proportions of offenders with that probability who do offend. For example, if the model gives an individual a 0.90 probability of re-offending, then 90% of people with that probability should re-offend. The model's predictions provided a very close fit for the offender sample data on which it was developed (close to the optimal Schwarz criterion value). It has also been demonstrated to accurately predict the probability of offending for out of sample data. For example, when Bakker et al (1995) plotted the model's predicted probabilities of offending against the actual proportion who did offend for a sample from a subsequent year, the log likelihood ratio of expected probability to actual probability was 0.995.

The Bakker et al (1995) model thus represents a substantial improvement over other risk prediction measures, which have invariably produced unreliable and/or inaccurate estimates of future offending (e.g., Gendreau & Little, 1994; Gottfredson & Gottfredson, 1994). For this study, it has the added advantage of having been developed and validated on a New Zealand offender population.

The Bakker et al (1995) model also calculates the probability of offending at high and low levels of seriousness over a 4.67 year period. One way ANOVAS between matched groups revealed no significant differences on these variables and, therefore, it was concluded that matching had achieved a satisfactory level of equivalence between groups in terms of their probability of re-offending at either level of seriousness.

As both groups were to be compared with treatment dropouts, the dropout group was also compared to completer and contrast groups in terms of its reconviction probability, and high and low seriousness probabilities. One way ANOVAS revealed a significant difference between contrast and dropout groups in their probability of committing a low seriousness offence $F(1, 111) = 5.07$; $p < .05$, but no other significant differences between groups. Low seriousness probability was, therefore, statistically controlled for in outcome analyses comparing dropout and contrast groups.

It had originally also been intended to match completer and contrast groups on a selection of variables found to be predictors of violent recidivism in New Zealand offenders (Mulligan, 1990; Schumacher, 1971). These variables comprised: age at first violent conviction, age at release from criterion incarceration, ethnicity, prior frequency of court appearances and convictions, and prior frequency of violent court appearances and convictions. However, as data for these variables were not available for the

entire matching pool, it was decided to control statistically in outcome analyses for those variables on which a significant difference was obtained between the three comparison groups (completer, dropout, and contrast).

Group means and standard deviations for each variable (excluding ethnicity) are presented in Table 1.

TABLE 1. Means and Standard Deviations of Violence Prediction Variables for Completer, Dropout and Contrast Groups.

		Completer	Dropout	Contrast
Age at criterion prison release	**M**	**29.44**	**28.77**	**29.39**
	SD	8.40	7.48	14.35
Age at first violent offence	**M**	**20.37**	**17.19**	**17.26**
	SD	7.82	6.91	4.72
Frequency of court appearances	**M**	**12.49**	**16.04**	**13.43**
	SD	9.87	10.31	10.29
Frequency of violent court appearances	**M**	**3.02**	**2.44**	**2.99**
	SD	2.70	1.69	2.96
Frequency of convictions	**M**	**17.10**	**44.67**	**35.02**
	SD	13.79	35.33	35.19
Frequency of violent convictions	**M**	**3.23**	**3.07**	**4.08**
	SD	2.66	2.53	4.53

A series of one-way ANOVAS were conducted between groups to determine on which variables groups differed significantly. Completer and contrast groups were found to differ in their age at first violent offence $F(1, 170) = 9.98$; $p < .01$, and frequency of convictions $F(1, 169) = 18.72$; $p < .0001$. Completer and dropout groups differed significantly in their respective frequency of convictions $F(1, 110) = 34.92$; $p < .0001$. Dropout and contrast groups did not differ significantly on any variable.

Ethnicity as a predictor of violent re-offending was compared across groups via Chi - square analysis. Due to low cell counts, Asian participants (N=2) and participants of Unknown ethnicity (N=1) in the completer group were collapsed into the Caucasian cell for this analysis. Similarly, Pacific Island (N=2) and Unknown ethnicity (N=1) participants in the dropout group, and the Unknown ethnicity participant in the contrast group were collapsed into their respective Caucasian cells. No significant differences in ethnicity were found between groups.

Those variables on which groups differed significantly in the period preceding the criterion offence were entered as covariates in all frequency and severity of offence outcome analyses. Potential confounding variables for time to first offence and time to first violent offence were established in a separate procedure, as detailed in the Time to first offence comparisons subsection of the Results section.

2.3 Procedure

The data for matching and outcome evaluation were provided by the Psychological Services Division of the New Zealand Department of Corrections under strict conditions pertaining to confidentiality and security. Raw data were downloaded from the Wanganui Computer database, which contains a detailed description of every offender and reported crime committed in New Zealand's recent history. These data were then computer summarised into spreadsheet format by a psychologist at the Christchurch branch of the Psychological Services Division. Summarised data consisted of a variety of demographic and criminal history variables including: dates of birth, ethnicity, offence dates, court appearances, convictions, sentences received and release dates.

2.4 Dependent Measures

The number of anger scale scores available for this study was insufficient to allow statistical comparisons, and so the programme was evaluated exclusively in terms of its impact on re-offending. Although the VAMP programme targets primarily aggressive offending, the researcher questioned whether it might also influence general offending patterns. Therefore, measures of both violent and general offending were evaluated as outcome variables. For the purposes of the present evaluation, a violent offence was defined in accord with the New Zealand Police Offence Coding for violent crime (Offence Codes 1000-1999) and also included Disorder offences (Offence Codes 6219-6250) and Vagrancy offences[1] (Offence Codes 3600).

The variables selected to measure treatment effectiveness were:

1) Offending frequency

(a) frequency of general court appearances

(b) frequency of violent court appearances

(c) frequency of general convictions

(d) frequency of violent convictions

2) Offending severity[2]

(a) change in average severity of offending from PRE to POST time periods

(b) change in maximum severity of offending from PRE to POST time periods

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[1] Vagrancy offences were included as violence measures as these are often the charges brought by New Zealand police against persons exhibiting unruly, antisocial behaviour (L. Bakker, personal communication, April 14, 1998).

[2] Seriousness was measured using a scale developed by the Policy and Research Division of the New Zealand Department of Justice (Spiers, Luketina, & Kettles, 1991) which averaged the sentence lengths given by judges for each imprisonable offence over a one year period to give a measure between 0 and 3000, equalling the number of days in prison that judges gave for each particular offence.

3) Time to first offence

(a) time to first general offence

(b) time to first violent offence

2.5 Time scale for evaluation

For all participants, the time interval for which demographic and criminal history data were obtained for matching and statistical control purposes (the PRE period) comprised the period from each individual's 13th birthday until the date of the offence for which they received their criterion period of imprisonment. For VAMP participants, this was the period of imprisonment in which they attended, or were referred to, a VAMP programme. For the contrast group, this was the period of incarceration from which they were released in 1990. Convictions recorded between criterion offence and release dates were excluded from analysis.

The follow-up period for outcome evaluation (POST period) for VAMP participants (completer M = 2.54 years, SD = 1.45yrs; dropout M = 2.76 years, SD = 1.19yrs) was the period from their date of release from criterion imprisonment until May 12, 1997. For contrast group participants the POST period was the period from their date of release from criterion imprisonment until May 1, 1996 (M = 5.67 years, SD = 0.28yrs). For each offender, the estimated time spent in prison in the POST period was subtracted from their total follow-up time to give that person's estimated time at liberty to offend during the POST period. Time spent in prison was estimated by multiplying the length of any sentence received during the POST period by 0.7, an historical estimate of the average proportion of a sentence that an offender actually serves (O'Malley, 1995). For sentences that were estimated to project beyond the end of the follow-up period, only that portion of the estimated sentence served which fell within the follow-up period was utilised. Mean estimated time at liberty for each group was as follows: completers (M =2.34 years, SD = 1.42 years), dropouts (M = 2.27 years, SD = 1.06 years) and

contrast (M =4.73 years, SD = 1.27 years). One way ANOVAS between groups revealed significant differences in time at liberty to offend between completer and contrast groups F (1, 170) = 134.30; $p < .01$, and between dropout and contrast groups F (1, 111) = 83.02; $p < .01$. This variable was statistically controlled for in subsequent outcome analyses comparing these groups. No significant difference was found between completer and dropout groups F (1, 111) = .07, n.s. and, therefore, no statistical control of this variable in comparisons between these groups was considered necessary.

2.6 Time to first offence methodology

Survival analysis was chosen to compare completer and contrast group's Time to first offence and Time to first violent offence. As the minimum sample size to detect a large effect at the $p < .05$ level is 80 (Singer & Willet, 1991), dropout group data were not analysed.

Survival analysis is a means of analysing data when the outcome of interest is the length of time until an event (in this case a court appearance). It has a number of advantages over other statistical techniques, such as multiple regression. For example, it allows the full use of data from subjects who never experience the target event (termed censored data), and the use of data from subjects with unequal follow-up periods (e.g., Greenhouse, Stangl, & Bromberg, 1989).

In the case of the present study, it was also desirable to control for the effect of potentially confounding variables, that is, variables which influence the relationship of survival times between the two comparison groups. Cox (1972) proposed a regression model for survival data, called the proportional hazards model, for quantifying the relationship between covariates and time to an event. Results from this model closely approximate the results for the correct parametric model and are, therefore, considered robust (Kleinbaum,

1996). This model was employed in the present study to investigate the relationship between group status and survival time.

In comparing the survival outcomes of completer and contrast groups there are 3 statistical objectives to consider. The first is to obtain a point estimate of the effect of treatment, adjusted for covariates. This measure of effect is called the Hazard Ratio, and is defined as the change in the hazard rate (instantaneous potential per unit of time for experiencing the event at a given time point, given survival up to that time) from one level of the variable to another. In the current study, this represents the change in hazard rate from the completer to the contrast group. The hazard ratio has a similar interpretation of the strength of an effect to an odds ratio in logistic modelling. A hazard ratio of 1, like an odds ratio of 1, would mean that there is no effect. A hazard ratio of 10, on the other hand, would signify that the completer group had 10 times the hazard of the contrast group. Similarly, a hazard ratio of 0.1 would imply that the completer group had one tenth the hazard of the contrast group. The second statistical objective is to obtain a confidence interval for the point estimate of the effect. The third objective is to test for the significance of the effect. Two tests of significance are commonly employed: the Wald statistic and the Likelihood ratio.

This study will report the Wald test for significance together with the Hazard ratio and 95% confidence intervals for the completer versus contrast group comparisons. In addition, graphs of survival function for each group will be presented to allow a qualitative interpretation of survival over time.

3. RESULTS

3.1 Binary Recidivism Comparisons

By the end of their respective follow-up periods, 55 members (58%) of the completer group had re-offended compared to 22 (81%) of the dropout group and 75 (87%) of the contrast group. Chi-square analysis showed the difference between completer and contrast groups on this measure to be significant ($X^2(1) = 12.06$; $p < .01$). Differences between completer and dropout groups and between dropout and contrast groups were non significant.

33 (38%) of the completer group had committed a violent offence by the end of their follow-up period compared to 13 (48%) of the dropout group and 53(62%) of the contrast group. Chi-square analysis showed the difference between completer and contrast groups on this measure also to be significant ($X^2(1) = 9.30$; $p < .01$). Differences between completer and dropout groups and between dropout and contrast groups were non significant.

Comparisons of reconviction probability predictions used for matching with actual proportions of participants who offended are given in Table 2.

Table 2. Reconviction Probability Predictions Versus Obtained Proportion Who Offended in the POST Period

	Completer	Dropout	Contrast
Predicted	0.866427	0.927230	0.866895
Obtained	0.581395	0.814815	0.872093
Difference	0.285032	0.112415	0.005198

One way ANOVAS conducted across all groups revealed no significant differences in their predicted probability of offending over a 4.67 year period. The greater than 4.67 year follow-up time for the contrast group

(mean = 5.67 years), and smaller than 4.67 year follow-up for both completer (mean = 2.61 years) and dropout (mean = 2.71 years) groups rendered further statistical analysis inappropriate.

3.2 Frequency Comparisons

Means and standard deviations for frequency of offending variables in the POST period are presented in Table 3.

Table 3. Means and Standard Deviations for Frequency of Offending in the POST Period.

		Completer	Dropout	Contrast
Court appearances	M	**2.37**	**3.52**	**5.97**
	SD	2.85	2.86	4.94
Convictions	M	**4.33**	**10.52**	**14.70**
	SD	6.66	16.37	19.27
Violent court appearances	M	**0.63**	**0.89**	**1.44**
	SD	1.16	1.40	1.68
Violent convictions	M	**0.95**	**1.07**	**1.79**
	SD	1.88	1.66	2.18

Frequency data were analysed using a series of one way analyses of covariance. In the first series of analyses Group (completer vs contrast) was entered as the independent variable and number of convictions in the PRE period, age at first violent offence, and time at liberty to offend in the POST period were entered as covariates. Number of court appearances, number of convictions, number of violent court appearances and number of violent convictions were entered as dependent variables in 4 separate analyses. These analyses revealed significant differences between completer and contrast groups for court appearances $F(1, 162) = 5.35$; $p < .01$, violent court appearances $F(1, 162) = 9.74$; $p < .01$., convictions $F(1, 162) = 12.94$; $p < .01$, and violent convictions $F(1, 162) = 6.39$; $p < .01$. Completed treatment clearly appears to lower the frequency of both violent and general offending.

In the second series of 4 analyses, Group (dropout vs contrast) was entered as the independent variable, and time at liberty to offend in the POST period and probability of committing a low seriousness offence were entered as the covariates. The same 4 outcome variables were entered as dependent variables in 4 separate analyses. Once again, analysis showed significant differences between groups for court appearances $F(1, 109) = 17.27$; $p < .01$, violent court appearances $F(1, 109) = 16.47$; $p < .01$, convictions $F(1, 109) = 11.98$; $p < .01$, and violent convictions $F(1, 109) = 21.02$; $p < .01$. Partially completing treatment also appears to lower the frequency of both violent and general offending.

In the third series of analyses, Group (completer vs dropout) was entered as the independent variable and number of convictions in the PRE period was entered as the covariate. Once again the same 4 outcome variables were entered as dependent variables in separate analyses. Analyses revealed no significant differences between groups on number of court appearances $F(1, 110) = 0.25$; n.s., number of violent court appearances $F(1, 110) = 0.25$; n.s., and number of violent convictions $F(1, 110) = .01$; n.s. However, a significant difference was recorded for number of general convictions $F(1, 110) = 12.18$; $p < .01$. Completing treatment appears to lower the frequency of general convictions relative to partially completing treatment, but does not seem to lower the frequencies of general court appearances, violent court appearances, or violent convictions.

In summary, Vamp participants had significantly lower frequencies of general and violent court appearances and convictions in their respective follow-up periods than contrast group members. In addition, those who completed the VAMP had a significantly lower frequency of general convictions in the POST period than did those who had failed to complete the programme.

3.3 Severity Comparisons

Means and standard deviations for offending severity in the PRE and POST periods are presented in Table 4. For the purposes of this analysis, those individuals who did not re-offend in the POST period were assigned a severity rating of 0 for this period. Data were analysed using a series of 2 (Group) x 2 (Time: PRE/POST) mixed model ANCOVAS with repeated measures on the second factor.

TABLE 4. Means and Standard Deviations for Offending Severity in the PRE and POST Periods.

		Completer		Dropout		Contrast	
		PRE	POST	PRE	POST	PRE	POST
Average Severity	M	**235.9**	**26.9**	**144.7**	**50.5**	**143.9**	**96.4**
	SD	461.4	90.58	221.0	99.0	256.3	166.7
Maximum Severity	M	**1054.1'**	**112.4**	**853.4**	**120.4**	**701.4**	**363.5**
	SD	1016.1	331.6	761.9	289.6	669.3	631.6

Completer versus Contrast Groups

In the first analysis, average severity of offending was entered into the ANCOVA as the dependent variable. The independent variables were Group (completer/contrast) and Time (PRE/POST) and the covariates were number of convictions in the PRE period, age at first violent offence, and time at liberty to offend in the POST period. Analysis revealed a significant main effect for Time $F(1, 165) = 17.64$; $p<.01$ and a significant Interaction effect $F(1, 165) = 7.17$; $p<.01$, suggesting that average severity of offending decreased from the PRE to POST time periods and that the decrease was significantly greater for treatment completers than for contrast group members (see Figure 1).

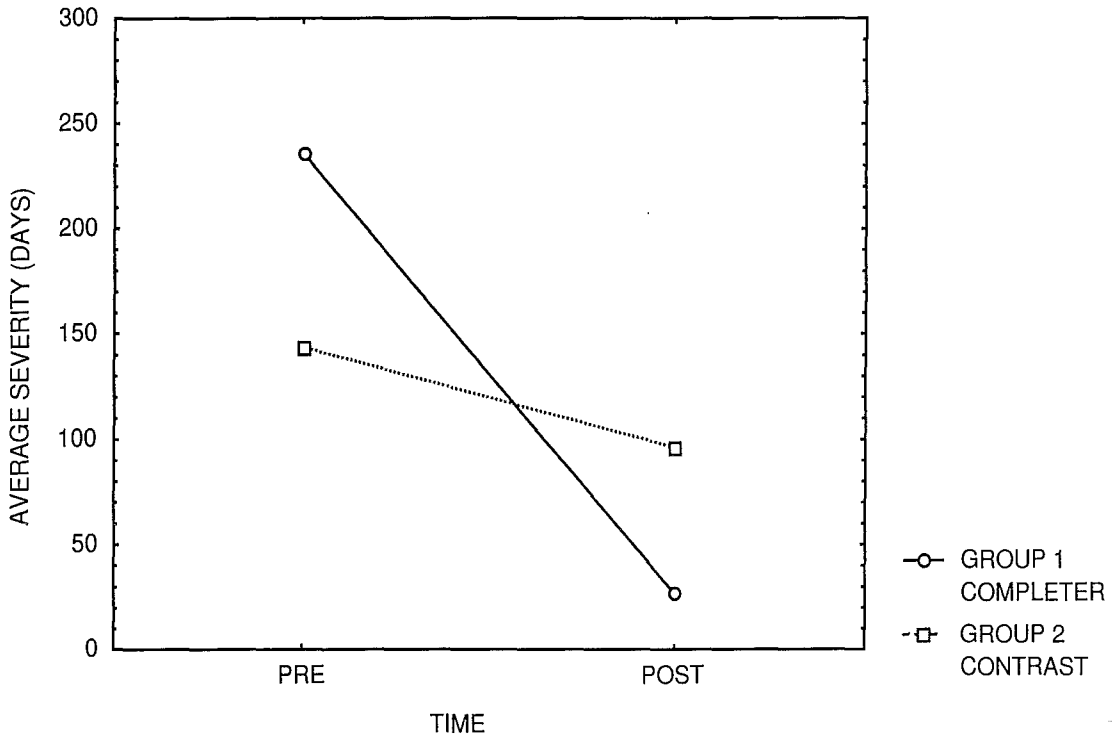

Figure1. Change in Average Severity of Offending from PRE to POST Time Periods for Completer and Contrast Groups

In the second analysis, maximum severity of offending was entered into the ANCOVA as the dependent variable. The independent variable as Group (completer/contrast) and the covariates were number of convictions in the PRE period, age at first violent offence, and time at liberty to offend in the POST period. Analysis revealed a significant main effect of Time $F(1, 165) = 75.06$; $p<.01$ and a significant interaction effect $F(1, 165) = 17.33$; $p<.01$, suggesting that maximum severity of offending decreased from the PRE to POST time periods and that the decrease was once again significantly greater for treatment completers than for contrast group members (see figure 2).

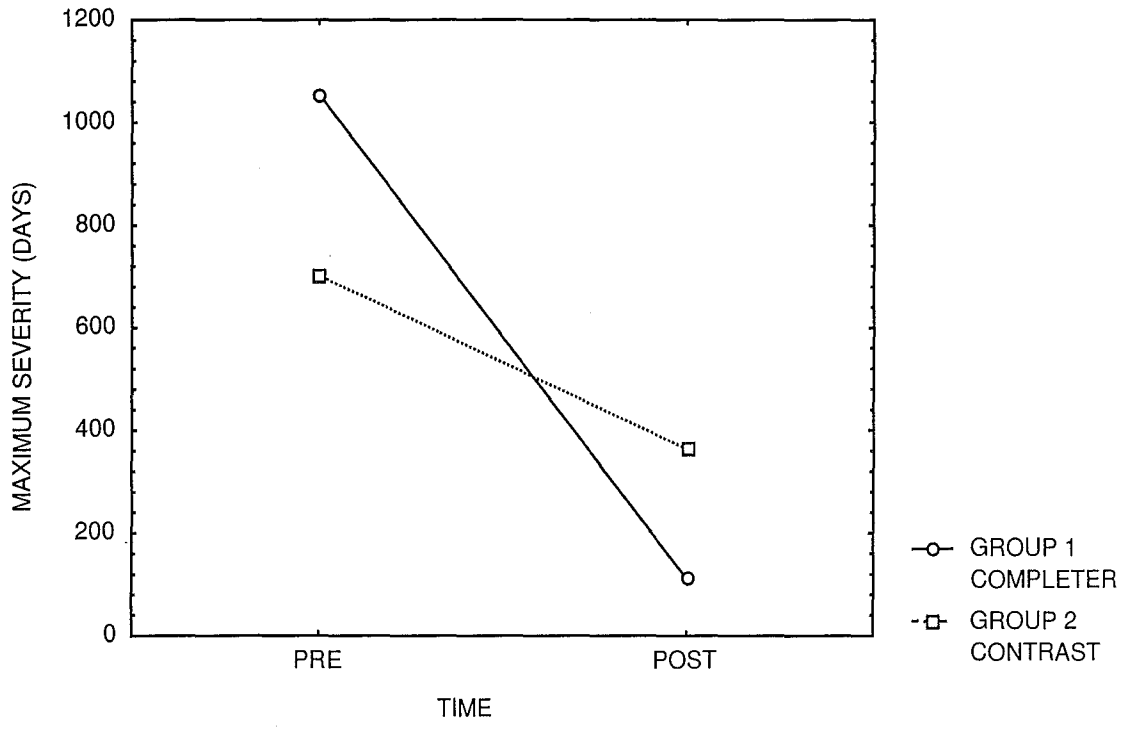

Figure 2. Change in Maximum Severity of Offending from PRE to POST Time Periods for Completer and Contrast Groups

Dropout versus Contrast groups

In the third analysis, average severity of offending was entered into the ANCOVA as the dependent variable. The independent variables were Group (dropout/contrast) and Time (PRE/POST), and the covariates were time at liberty to offend in the POST period and probability of committing a low seriousness offence. Analysis showed a significant main effect of Time $F(1, 111) = 4.68$; $p < .05$ but no significant main effect for group or interaction effect, indicating that the average severity of offending decreased from PRE to POST time periods for both groups, but that the decrease was not significantly greater for treatment dropouts than for contrast group members (see figure 3).

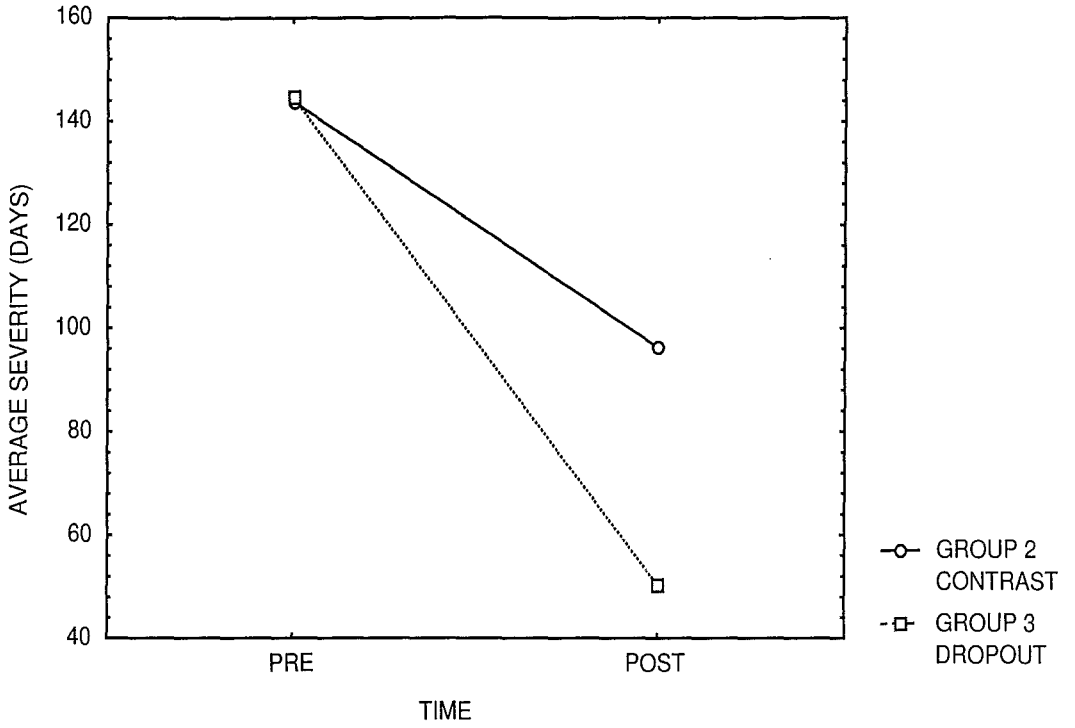

Figure 3. Change in Average Severity of Offending from PRE to POST Time Periods for Dropout and Contrast Groups.

In the fourth analysis, maximum severity of offending was entered into the ANCOVA as the dependent variable. The independent variables were Group (dropout/contrast) and Time (PRE/POST) and the covariates were time at liberty to offend in the POST period and probability of committing a low seriousness offence. Analysis revealed significant main effects of Group $F(1, 110) = 6.43$; $p < .05$ and Time $F(1, 110) = 21.15$; $p < .01$, and a significant interaction effect $F(1, 110) = 4.49$; $p < .05$. This indicates that the overall maximum severity of offending was greater for the contrast group than the dropout group, that the overall maximum severity of offending declined significantly from PRE to POST time periods, and that the decrease was greater for the dropout group than for the contrast group (see Figure 4).

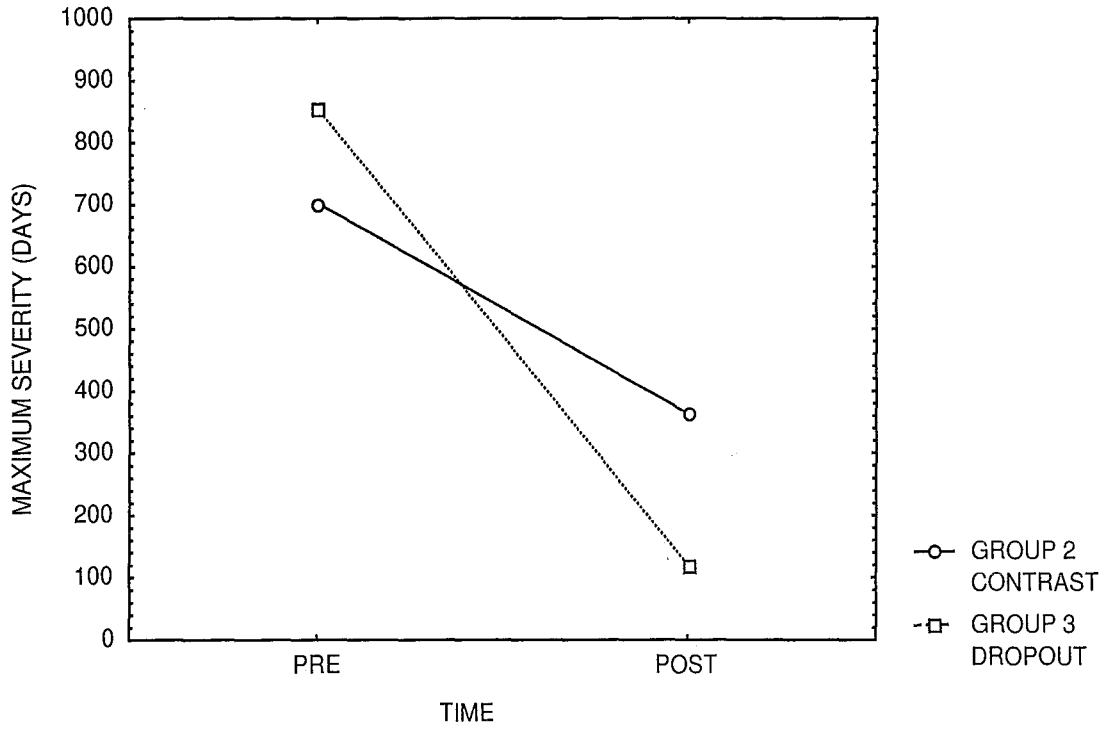

Figure 4. Change in Maximum Severity of Offending from Pre to Post Time Periods for Dropout and Contrast groups

Completer versus Dropout Groups

In the fifth analysis, average severity was entered into the ANCOVA as the dependent variable. Group (completer/dropout) and Time (PRE/POST) were the independent variables and number of convictions in the PRE period was the covariate. Analysis revealed a significant main effect for Time $F(1, 110) = 10.23$; $p < .01$, but no significant main effect for group or interaction effect. This suggests that while overall average severity of offending declined from PRE to POST time periods, the decline was not significantly greater for the completer group than the dropout group (see Figure 5).

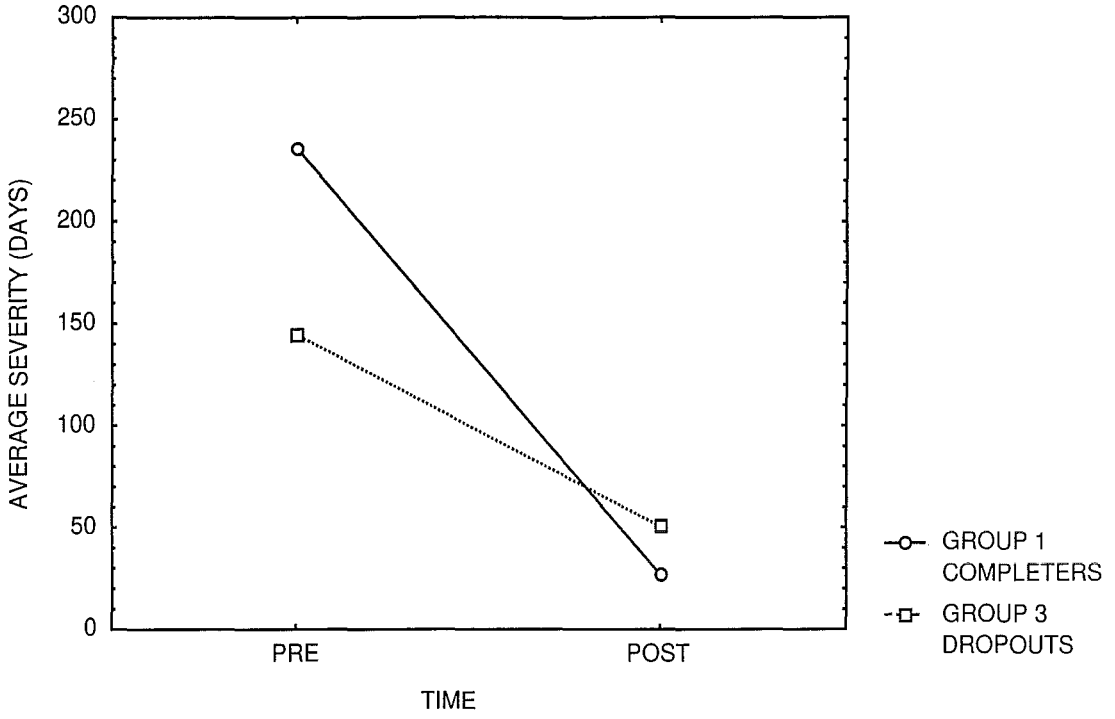

Figure 5. Change in Average Severity of Offending from PRE to POST Time Periods for Completer and Dropout Groups

In the sixth analysis, maximum severity of offending was entered into the ANCOVA as the dependent variable. Group (completer/dropout) and TIME (PRE/POST) were the independent variables, and number of convictions in the PRE period was the covariate. Analysis showed a significant main effect of Time $F(1, 110) = 56.0$; $p < .01$, but no significant main effect of group or interaction effect. This suggests that, while maximum severity of offending declined from PRE to POST time periods, the decline was not significantly greater for the completer group than for the dropout group (see Figure 6).

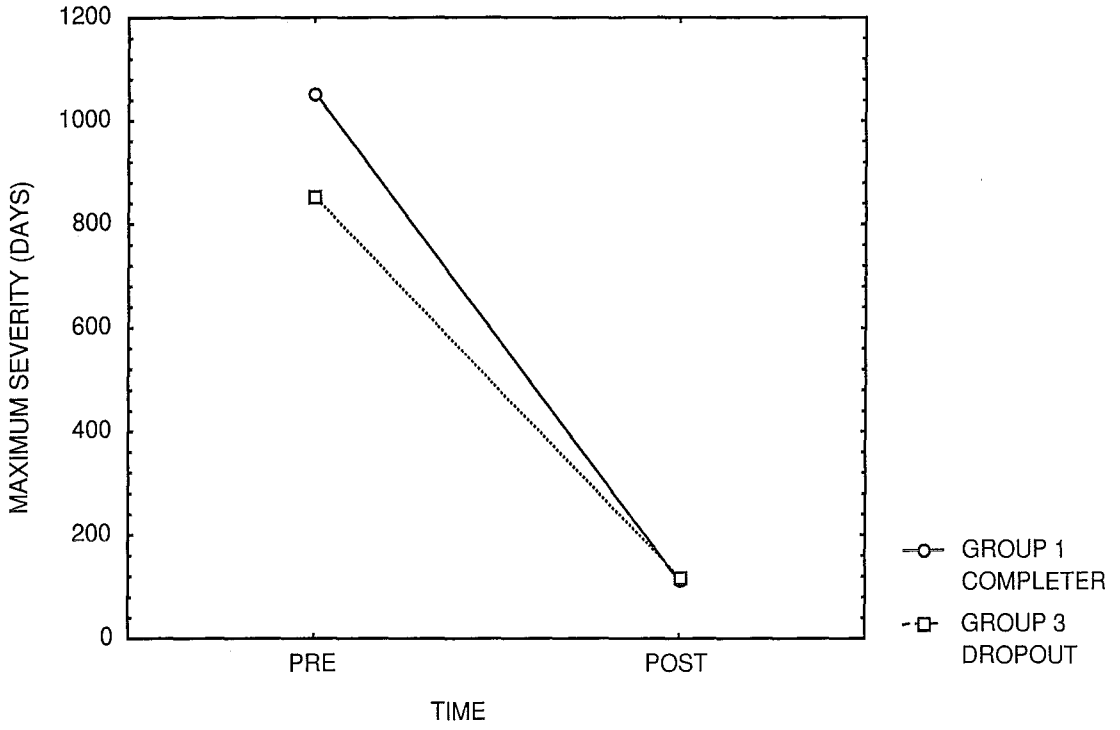

Figure 6. Change in Maximum Severity of Offending from PRE to POST Time Periods for Completer and Dropout Groups

In summary, average and maximum severity of offending declined for all groups from PRE to POST time periods. The decline was significantly greater for completers than for contrast group members, but was not significantly greater for completers than for dropouts. The decline in maximum severity of offending was also greater for dropout group members than for contrast group members,

To test that the recorded differences between completer and contrast groups were not simply the product of the significantly greater numbers of contrast group members who re-offended, the analyses for these groups were repeated including only those group members who had re-offended in the POST period. The same pattern of significant differences between groups

was found for these analyses as when all group members were included. This demonstrates that differences between completer and contrast groups in the decline in severity of offending over time were not simply a function of the numbers who had re-offended in each group.

3.4 Time to first offence comparisons

3.4.1 Time to first general offence

Each variable from the PRE period was entered into a Cox regression to determine those variables which had a significant effect on survival time. A zero order correlation was then conducted on the significant variables. To avoid problems of collinearity, where any two variables were found to correlate at greater than .70, one variable was chosen to represent the pair. The remaining significant variables were then entered as a block together with the Group variable in a second Cox regression to determine the effect of group status on survival time, after adjusting for confounding variables. Number of convictions in the PRE period and reconviction probability predictions emerged as confounding variables for time to first offence comparisons. After adjusting for these variables, the hazard ratio for the group status variable was 0.8450 with a 95% confidence interval ranging from 0.6989 to 1.0218. This indicates that the adjusted hazard rate (rate at which group members committed a first offence) for the treatment completer group was 0.845 that of the contrast group. The Wald statistic for this effect was non significant (X^2 =3.091; n.s.).

Figure 7 shows marginal differences between the 2 survival functions. The contrast group survival function appears steeper than the completer group for the first third of the follow-up period, suggesting that any effect of treatment on delaying the time to first offence was most apparent in the first 1.5 years after release from prison. By the end of the maximum follow-up

(6.9 years for completers and 6.2 years for contrast group members) 58% of completers had committed at least one offence, compared to 87% of the contrast group. Median survival times (the time at which the cumulative survival function is equal to 0.5) were approximately 1.19 years for completers and 0.83 years for contrast group members. The ratio of median completer survival time to median contrast group survival time (1.19/0.83 = 1.43) indicates that the median delay before committing a general offence was 43% longer for the treatment group than for the contrast group.

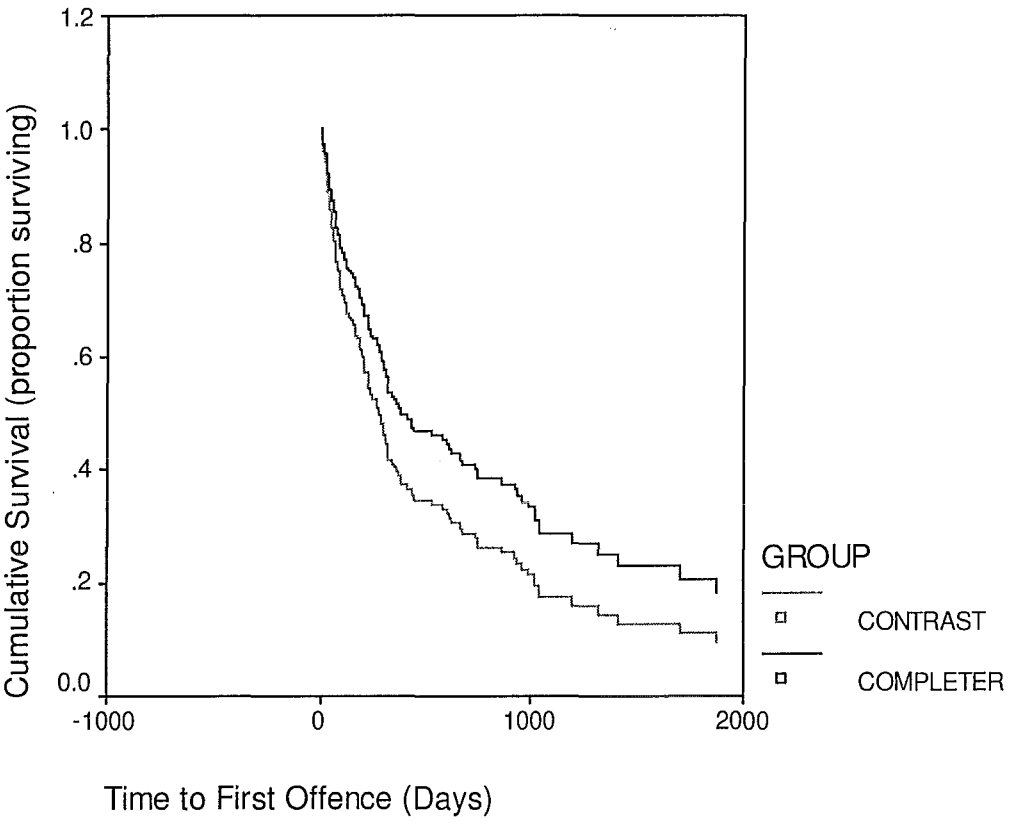

Figure 7. Adjusted Survival Functions of the Time to First Offence for Completer and Contrast Groups

3.4.2 Time to first violent offence

The same procedure employed for time to first general offence was employed to determine the effect of group status on time to first violent offence, after adjusting for confounding variables.

Reconviction probability, number of previous court appearances, number of previous violent court appearances and number of previous violent convictions emerged as potential confounding variables for time to first violent offence comparisons. Two of these variables (number of violent court appearances and number of violent convictions in the PRE period) were found to correlate at greater than 0.7 and so one variable (number of violent convictions) was selected to represent the pair.

The hazard ratio for the group status variable, adjusted for reconviction probability, number of prior court appearances and number of prior violent convictions, was 0.8523 with a 95% confidence interval ranging from 0.5367 to 1.3536. This indicates that the adjusted hazard rate (rate at which group members committed a first violent offence) for the completer group was 0.8523 that of the contrast group. The Wald statistic for this effect was non significant ($X^2 = 0.4586$; n.s.).

Figure 8 shows very little difference in the survival functions of the 2 groups. Although the contrast group function is slightly steeper than the completer group function in the first few months after release and again approximately 1.5 years after release, the 2 curves remain substantially parallel throughout the follow-up period. This suggests that treatment had little effect on delaying the time to first violent offence. By the end of the maximum follow-up period (6.9 years for completers and 6.2 years for contrast group members), 38% of completers had made at least one court appearance for a violent offence, compared to 62% in the contrast group. Median survival times were approximately 5.73 years for completers and

4.56 years for contrast group members. The ratio of median completer survival time to median contrast group survival time (5.73/4.56 = 1.25) indicates that the median delay before committing a violent offence was 25% longer for the treatment group than for the contrast group.

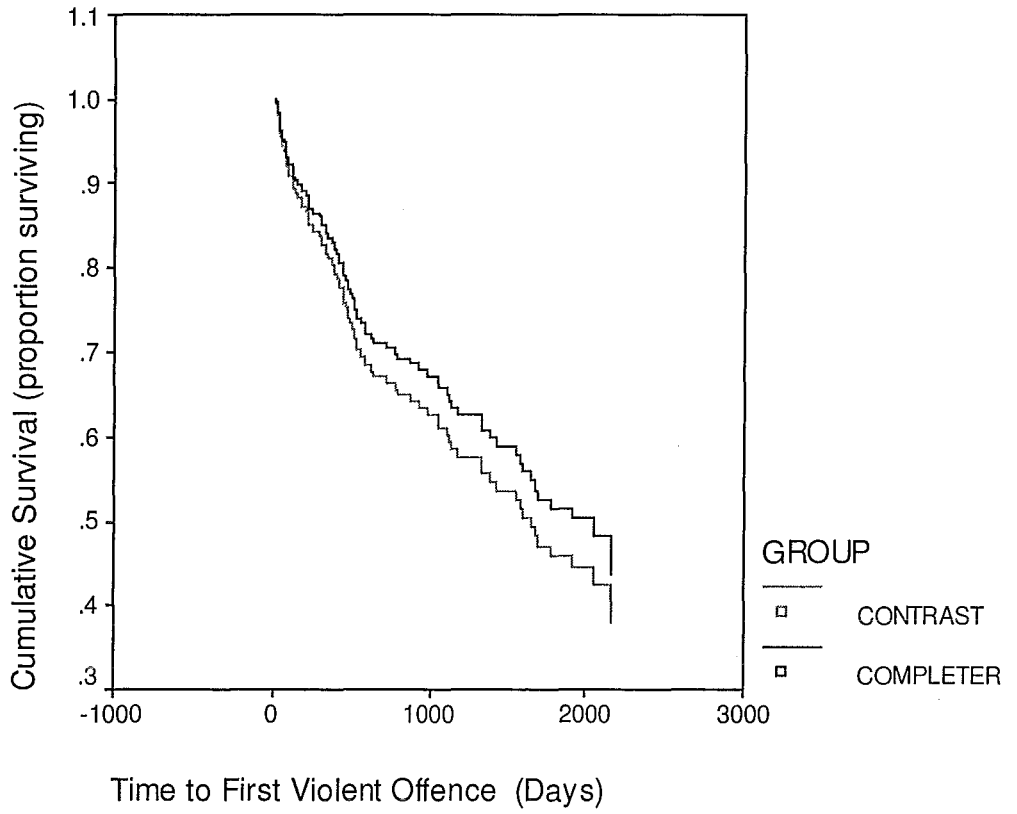

Figure 8. Adjusted Survival Functions of the Time to First Violent Offence for Completer and Contrast Groups.

4. DISCUSSION

The present results suggest that completed VAMP treatment is more effective than mainstream corrections practices in reducing both general and violent recidivism, although it may be no more effective at delaying the onset of re-offending. Offenders who completed treatment re-offended less frequently and less severely than offenders who did not receive treatment. Offenders who completed treatment also re-offended less frequently than those who only partially completed treatment. In turn, offenders who partially completed treatment re-offended less frequently than contrast group members, and their most serious offences were less severe than those of the contrast group.

These results are consistent with the findings of previous studies which have demonstrated that treatment with SI procedures can be effective at reducing recidivism in offenders with a history of anger-mediated aggression (Currula, 1996; Goldstein & Glick, 1996; Leeman et al, 1996). The present study has also shown that these gains can be maintained for up to 2.5 years following release from prison. In addition, it has provided a comprehensive analysis of the way that the VAMP impacts on various aspects of recidivism. For example, it has been demonstrated that frequency and severity of re-offending can be reduced for both targeted violent offending and non-targeted general re-offending. This raises the question of which components of treatment are responsible for the effects on general recidivism. Novaco (1997) argues that a focus on emotional dysregulation and the gradual acquisition of self control coping skills are central to the stress innoculation approach. Gottfedson and Hirschi (1990), in their general theory of crime, argue that much of the variability in criminal behavior is related to impulsivity and a lack of self control. Thus, the self control skills acquired by VAMP participants could be expected to generalise to a range of

criminal behaviors. However, social skills training and assertiveness training components, which promote more effective interpersonal interactions, have also been shown to impact on general recidivism (e.g., Andrews, Zinger, Hoge, Bonta, Gendreau, & Cullen, 1990b). A component analysis of the self control skills and interpersonal skills provided in the VAMP could partial out the relative effects of specific self control and social skills components on general re-offending.

The success of treatment non-completers relative to contrast group members raises the question of whether offender-centred factors (such as recognition that anger may be a problem, and corresponding motivation to address this problem) or early treatment factors (such as training in understanding, recognising, and monitoring anger) were responsible for these gains. The success of treatment completers relative to those who only partially completed treatment could be attributed to either differences in motivation between completer and dropout groups, or to later elements of treatment (such as skills acquisition and relapse prevention). Motivation could vary between completer and partial-completer groups in terms of either their motivation to continue treatment (i.e., to acquire skills to manage anger more effectively), or their motivation to use these skills when confronted with circumstances that instigate anger/aggression. Pre-treatment assessment of offender motivation to a) learn new ways of handling anger provoking situations and b) relinquish their reliance on established (anti-social) strategies, could help to resolve these issues.

It is important to note that the present findings reflect only officially recorded re-offending. These records are generally regarded as a conservative measure of true offending, as a substantial proportion of offences are either not reported to the police or are not successfully prosecuted (Farrington, 1992). However, alternative measures of offending

(such as self-report) are also subject to under-reporting and were beyond the scope of this study.

The effect of treatment on delaying a return to offending did not reach statistical significance. Thus, it cannot be inferred from the present results that VAMP treatment is effective at achieving this goal. However, trends in the data do suggest that treatment completers had increased survival probabilities. This is reflected in both the hazard ratios between groups, and the differences in median survival times. As noted earlier, the size of treatment effect required to achieve statistical significance is a function of sample size. Singer and Willett (1991) demonstrated that the magnitude of effect required for survival analysis data is also a product of the length of follow-up. The longer the follow-up, the smaller the effect size required. Thus, the size of the present sample and/or the length of follow-up could have prevented tends in the data from reaching statistical significance. The retrospective nature of this study meant that both sample size and follow-up were fixed and, hence, this possibility could not be tested. The fact that the effects of treatment on delaying a return to re-offending were most apparent in the first 1.5 years following release suggests that a booster session around this time could promote maintenance of treatment gains.

The treatment completer group had higher average and maximum levels of offending severity in the PRE period than the contrast group. This raises the possibility that a floor effect prevented contrast group severity from declining as much as completer group severity. This is extremely unlikely, however, given that the treatment group's average and maximum severity of offending in the POST period had declined to levels below those of the contrast group. In addition, contrast and completer groups did not differ in their predicted probability of re-offending at a given level of seriousness, but did differ in their average and maximum severity of offending at follow-up.

Several methodological weaknesses in the present study must be taken into account when interpreting its findings.

1) *The adequacy of matching procedures.* The fact that the proportion of untreated offenders who did re-offend closely matches that predicted by the Bakker et al (1995) model supports the use of this model in matching comparison groups on their re-offending probability over a 4.5 year follow-up period. However, the smaller follow-up periods of treatment participant groups in the present study limits the confidence that can be placed in this matching procedure with the current sample.

It could also be argued that matching on the basis of binary probability of re-offending (i.e., will re-offend/will not re-offend) is not an adequate means of controlling for the subsequent frequency of offending. The frequency of prior offending is often cited as the best predictor of subsequent offending frequency (e.g., Barnett & Lofaso, 1985; Blumstein, Cohen, Roth, & Visher, 1986). Frequency of prior offending did differ significantly between completer and contrast groups, but this difference was statistically controlled for in outcome analyses. This combination of matching and statistical control procedures increases the likelihood that recorded reductions in offending frequency were due to the effects of treatment.

2) *The adequacy of statistical control procedures.* The effects of inter-group differences on a range of criminal history variables demonstrated to be predictive of severity of re-offending and survival time before re-offending were controlled for in outcome analyses. However, other predictors of re-offending proclivity, such as substance abuse, marital and socio-economic

status, and family background factors could not be controlled for as control group data were not available.

3) *Different follow-up times for VAMP and contrast groups.* Time at liberty to offend was statistically controlled for in comparisons between groups, thereby removing the variance in outcome measures attributable to this variable. However, this procedure could only be regarded as completely effective if a linear relationship could be shown to exist between time at large and the dependent variables of interest (i.e., frequency and severity of re-offending). There is some evidence this relationship does exist with respect to frequency (Barnett, 1987) and average severity of offending (Tracey, Wolfgang, & Figlio, 1990) over the span of a criminal career. However, research also shows that offenders are likely to be selected for interventions on the basis of uncharacteristically high rates of offending (e.g., McLaren, 1992). Over time they will fall back to a more normal level of offending - that is, regress towards the mean. It is unclear whether the 2.5 year post release follow-up for VAMP participants extended beyond this period of regression. The fact that the majority of treatment completers had begun re-offending after 1.5 years suggests that this may have been the case, but cannot be regarded as conclusive evidence.

4) *Inability to establish whether contrast group members had also received treatment.* The retrospective nature of the study precluded the possibility of establishing whether contrast group members had also attended a VAMP. However, given the limited resources of treatment providers, only a portion of these offenders are likely to have received treatment. Also, the possible inclusion of treated offenders in the contrast group would have introduced a negative bias in the results rendering the detection of significant effects less likely. This, in turn, raises the possibility that identified programme effects actually under-represent the effectiveness of the VAMP.

Despite the above limitations, the VAMP shows marked signs of success in reducing two important aspects of offending, and possible indications of success in a third. There are a variety of very good reasons for this success including, first and foremost, the programme's adherence to proven principles of effectiveness in offender rehabilitation. Antanowicz and Ross (1994) found a sound conceptual model to be essential both in terms of determining the target for intervention, and as a guide to the individual techniques that should be applied. The SI approach of the VAMP is firmly grounded in the theory of anger and its relationship to aggression.

Andrews and his colleagues (Andrews, Bonta, & Hoge, 1990a; Andrews et al, 1990b) identified 3 principles which they argue need to be taken into account in order to maximise treatment effectiveness: need, risk, and responsivity. The need principle refers to selecting targets for intervention which, when altered, are associated with a reduction in re-offending (i.e., criminogenic needs). The VAMP clearly targets an identified criminogenic need, that is, dysfunctional anger. The risk principle refers to matching the intensity of an intervention to an offender's level of risk of re-offending. High risk offenders appear to do better in high intensity programmes, whereas for low risk offenders the reverse is the case. As stated previously, the VAMP can be classified as a medium to high intensity intervention in terms of the contact hours it provides for treatment participants. The VAMP participants in the present sample had a combined (completer and dropout) re-offending probability of 90% and can, therefore, be classified as a high risk population. Hence, the intensity of the current programme may have met the minimum requirements for this population. However, increasing the contact hours provided, as suggested by Batcheler (1991), would provide a closer match between offender risk level and treatment intensity. The responsivity principle entails an adequate matching

of kinds and styles of service to the abilities and learning styles of offenders. The VAMP was specifically designed for use in the New Zealand criminal justice system, with language and role-plays suitable for those with minimal education.

Gendreau and Ross (1979, 1984) argued that a high level of therapeutic integrity was also important in promoting treatment efficacy. Therapeutic integrity refers to an intervention implementing the principles on which it is based, using the techniques it is supposed to provide, and defining the activities to be carried out. The VAMP manual closely adheres to these criteria. Therapeutic integrity also assumes that staff are motivated, well-trained and competent, and receive adequate ammounts of high-quality supervision. The programmes under evaluation were facilitated by trained psychologists of the Psychological Services Division who, it can be assumed, would meet these criteria. It is not clear whether the programme would be equally effective if facilitated by non-psychologists. As the VAMP designers intended the programme to be a resource for psychologists and non-psychologists alike, this issue requires further investigation.

Finally, several researchers (e.g., Cullen & Gendreau, 1989) have emphasised the importance of a relapse prevention component in maintaining treatment effects. Once again, this factor is specifically targeted by the VAMP programme.

Recent offender outcome studies also offer some guidance as to how the efficacy of the VAMP could be potentially enhanced. For example, Currula (cited in Goldstein & Glick, 1996) found that SI with a moral education component was more effective than SI alone for a sample of young adult offenders with a history of aggression. The addition of Kohlberg's (1973) moral education procedure to the VAMP may lead to additional gains over the VAMP applied alone. There are several reasons to

assume that this may be the case. For example, while SI treatment presumably provides the skills necessary for self control in anger provoking situations, it cannot ensure that these skills will be put into practice. The VAMP does go some way towards motivating offenders to apply the skills they acquire by raising their awareness of the negative consequences of their mis-managed anger, both for themselves and for others. However, knowing that one's behaviour impacts negatively on others is not likely to motivate a desire to change this behaviour unless this knowledge is paired with a concern for the feelings, rights, and needs of others. Encouraging a general focus on the needs and feelings of others may also go some way to ameliorating the deficits in empathy and perspective-taking common among aggressive individuals. It would also complement the more focused empathy building component of the VAMP, which concentrates specifically on close relationships.

Goldstein and Glick (1996) found that treating delinquent youths while simultaneously treating significant others in the youths' lives was more effective than treating youths alone. This approach explicitly acknowledges the role of the offender's social environment in either supporting or negating change. There are valid conceptual and empirical reasons to believe that expanding elements of VAMP treatment to significant others in participants' lives may also enhance the programmes' effectiveness. This approach may work best for offenders who attend a VAMP in a community setting.

As noted earlier, there has been very little research assessing the effects of anger-control as a function of client characteristics. Prochaska and his colleagues (e.g., Prochaska, DiClemente, & Norcross, 1992) argued that matching the components of an intervention to the stage of a client's readiness to change may be an essential element of successful therapy. The attrition rate in the VAMP programmes (roughly 25% of treatment participants in the present sample) may reflect a lack of readiness to change

in a sizeable proportion of offenders accepted into the programme. Motivational techniques such as those proposed by Miller and Rollnick (1991) could be employed in a preparatory phase of treatment in order to build motivation for, and strengthen commitment to, change before providing SI strategies to implement this change. Future evaluations of the VAMP could assess the effect of any of these modifications, should they be adopted by programme co-ordinators.

There are a number of additional important aspects of VAMP effectiveness that could also be investigated in future studies. These include: the interaction of other client characteristics (as noted earlier) with treatment outcome, the effectiveness of the VAMP when facilitated by non-psychologists, the effectiveness of the VAMP with women offenders, the relative effectiveness of the VAMP conducted in community and institutional settings, the effectiveness of the VAMP in reducing non-violent, as opposed to violent or general recidivism, and the relative effectiveness of group - versus individually-administered treatment. Prospective studies could facilitate the systematic collection of PRE and POST anger scale measures to enable the relationship between changes on these measures and behavioral outcomes to be assessed. Pre-treatment assessment of participant motivation could help to clarify the relative contributions of motivation and treatment factors to eventual outcomes.

With regard to methodology, the employment of a randomised design with some level of matching on important variables is recommended as the ideal approach. Where random assignment is not possible (e.g., in retrospective studies, or where it is ethically indefensible not to offer the best treatment available), a quasi-experimental design with matched assignment to a contrast condition and a suitable follow-up period is recommended as the next best option. When matching, particular attention needs to be paid to the demonstrable relationship between matching variables and the outcome

measures to be employed. Measures of recidivism can be obtained through official records, self-report, or a combination of the two. Combining the two methods may help to reduce the impact of biases inherent in either method alone. Time to first offence, and frequency and severity of recidivism are recommended as the outcome measures of choice, as each contributes independently to the understanding of the impact of treatment on re-offending. Finally, multiple measures of each outcome variable (e.g., offending frequency measured as both number of court appearances and number of convictions) would strengthen confidence in results.

In conclusion, the present study has provided a detailed analysis of the impact of the Video Anger Management Programme on offender recidivism. While not preventing re-offending, the VAMP has made substantial inroads into the problem of anger-mediated criminality. Part of this success undoubtedly derives from the programme's sound theoretical foundations. However, the VAMP should not be allowed to simply rest on its laurels. As theories of anger and its relationship to criminality continue to develop, treatment planners should remain responsive to these developments, both in their thinking and in the strategies they employ. Recent treatment outcome research suggests several promising modifications to the current VAMP format. The success of the VAMP in its present form may be only a beginning.

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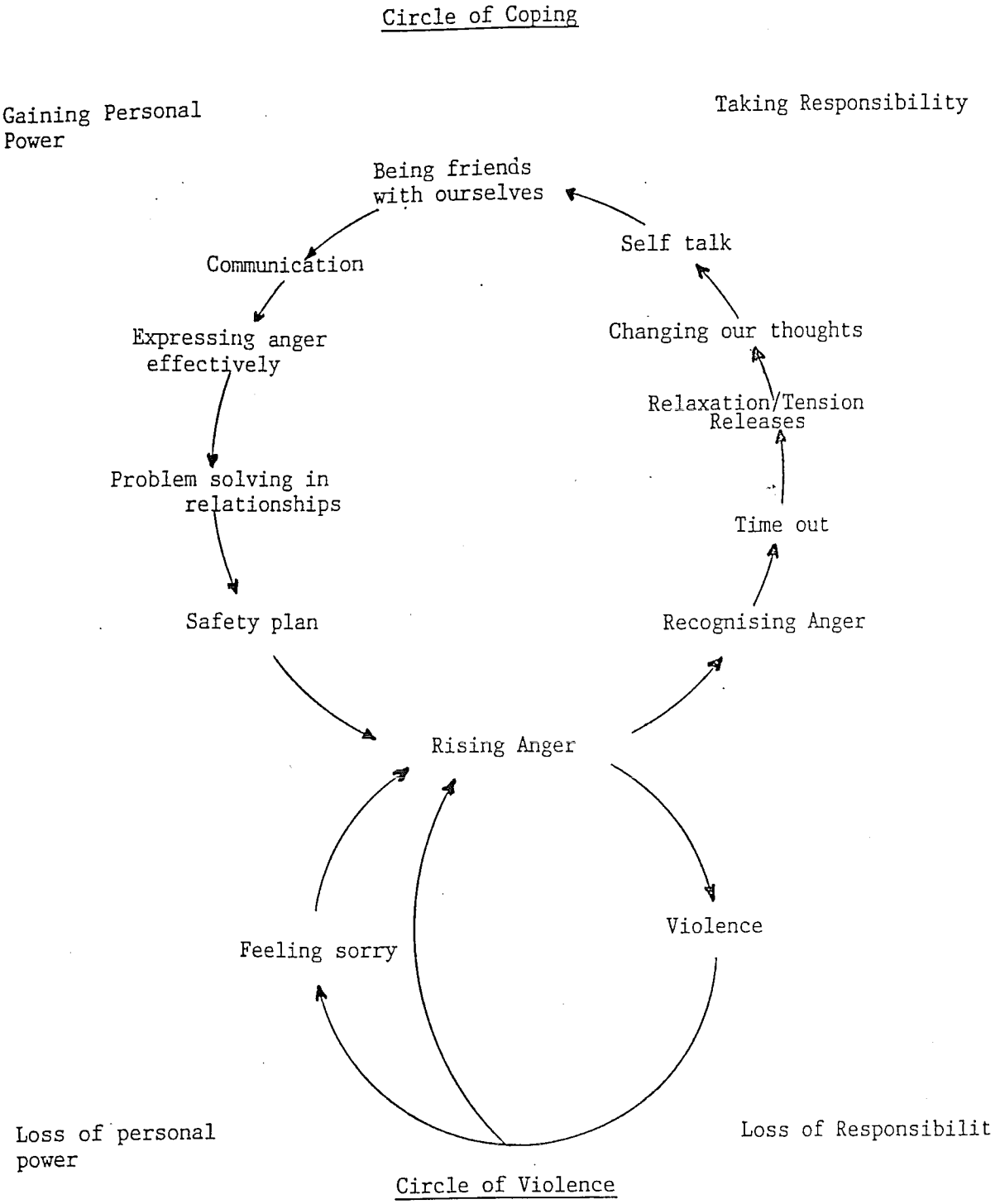
APPENDIX 1.



Circle of Violence (Adapted from Sonkin and Durphy,1985)

APPENDIX 2.

ANGER JOURNAL

Date.....Time.....

Place.....

Who with .....

What led up to it .....

.....

Body Signs .....

.....

How did your behaviour change .....

.....

What were you thinking .....

.....

How angry were you (circle which one)

Level One	Level Two	Level Three
Bugged Annoyed	Angry Pissed Off	Furious Nutting off

How did you feel afterwards? (What were the consequences?)

.....

APPENDIX 3.

A NOTE TO PARTNERS OF MEN IN THE ANGER MANAGEMENT GROUP

TIME OUT PROCEDURE

Please read the attached instructions about time out. Your partner will be expected to take time out on a regular basis.

Common questions are as follows:

1 How does time out help solve our family problems?

Time outs prevent anger from escalating into physical or psychological battering. They do not alone solve the conflicts, but if used faithfully they will prevent battering. To stop battering is the first step towards resolving family problems. Family problems have to be discussed and solutions agreed upon. This cannot happen if one person is battering the other. No communication takes place when there is battering. Time outs are a necessary first step.

2 What do I do if every time I want to discuss an important topic with my partner, he says he is taking time out?

Let him take time out anyway. If he becomes angry and abusive, you will not be able to talk about the problem. At first he may take time out a lot. Just remind yourself it is only one step and that he will be learning others as well. Read the instruction sheet and it will help you understand how they work.

3 What if he refuses to discuss the matter even after the time out?

Notice he has several choices as to what he does after a time out. If he refuses to discuss an issue, insisting will NOT bring about communication. Let him know that you are still interested in talking about the issue but be willing to set a later time when both of you can be calmer to discuss it.

4 Should I remind my partner to take time out when he is getting angry?

NO, he is responsible for identifying his own feelings and for taking the time out. As long as you do it for him, he is NOT doing his job. If you are upset about his anger, you can take time out for yourself as long as you can do it safely. Remember: you cannot control another person's battering, you can only protect yourself.

5 What should I do when he takes time out during a discussion?

Remind yourself that this is a first step - that it is better for him to take time out than to be abusive towards you. You can use the time to cool down yourself and then go about your regular business. Waiting for him can lead to you feeling frustrated or abandoned.

6 Would time out be useful for me?

Yes, if you find your own anger rising, time out is a tool you can use to calm down before you go further in working out a conflict. They are good for you to use when you are in conflict with your children or other people.

Time out is not stuffing our feelings or burying our problems. It is a useful tool in avoiding abusive anger. It can help to clear our heads and hearts so we can communicate more clearly and do better problem solving.

If you have any questions about this, feel free to contact the course leader.

APPENDIX 4.

RELAXATION - PROGRESSIVE MUSCLE RELAXATION

This relaxation exercise teaches you to relax every single group of muscles in your body. You learn to discriminate between tension and relaxation. In turn, it makes you more aware of what is happening with your body, so you can recognise early on when your body tells you it is becoming tense. Relaxation stops you from getting angry.

The Method

Get in a comfortable position and relax. Now clench your right fist, tighter and tighter, studying the tension as you do so. Keep it clenched and notice the tension in your fist, hand and forearm. Now relax. Feel the looseness in your right hand, and notice the contrast with the tension. Repeat this procedure with your right fist again, always noticing as you relax that this is the opposite of tension - relax and feel the difference. Repeat the entire procedure with your left fist, then both fists at once.

Now bend your elbows and tense your biceps. Tense them as hard as you can and observe the feeling of tautness. Relax, straighten out your arms. Let the relaxation develop and feel that difference. Repeat this, and all succeeding procedures at least once.

Turning attention to your head, wrinkle your forehead as tight as you can. Now relax and smooth it out. Let yourself imagine your entire forehead and scalp becoming smooth and at rest. Now frown and notice the strain spreading throughout your forehead. Let go. Allow your brow to become smooth again. Close your eyes now, squint them tighter. Look for the tension. Relax your eyes. Let them remain closed gently and comfortably. Now clench your jaw, bite hard, notice the tension throughout your jaw. Relax your jaw. When the jaw is relaxed your lips will be slightly parted. Let yourself really appreciate the contrast between tension and relaxation. Now press your tongue against the roof of your mouth. Feel the ache in the back of your mouth. Relax. Press your lips now, purse them into an "O". Relax your lips. Notice that your forehead, scalp, eyes, jaw, tongue and lips are all relaxed.

Press your head back as far as it can comfortably go and observe the tension in your neck. Roll it to the right and feel the changing locus of stress, roll it to the left. Straighten your head and bring it forward, press your chin against your chest. Feel the tension in your throat, the back of your neck. Relax, allowing your head to return to a comfortable position. Let the relaxation deepen. Now shrug your shoulders. Keep the tension as you hunch your head down between your shoulders. Relax your shoulders. Drop them back and feel the relaxation spreading through your neck, throat and shoulders, pure relaxation, deeper and deeper.

Give your entire body a chance to relax. Feel the comfort and the heaviness. Now breathe in and fill your lungs completely. Hold your breath. Notice the tension. Now exhale, let your chest become loose, let the air hiss out. Continue relaxing, letting your breath come freely and gently. Repeat this several times, notice the tension draining

from your body as you exhale. Next, tighten your stomach and hold. Note the tension, then relax. Now place your hand on your stomach. Breathe deeply into your stomach, pushing your hand up. Hold, and relax. Feel the contrast of relaxation as the air rushes out. Now arch your back, without straining. Keep the rest of your body as relaxed as possible. Focus on the tension in your lower back. Now relax, deeper and deeper.

Tighten your buttocks and thighs. Flex your thighs by pressing down your heels as hard as you can. Relax and feel the difference. Now curl your toes downward, making your calves tense. Study the tension. Relax. Now bend your toes toward your face, creating tension in your shins. Relax again.

Feel the heaviness throughout your lower body as the relaxation deepens. Relax your feet, ankles, calves, shins, knees, thighs and buttocks. Now let the relaxation spread to your stomach, lower back and chest. Let go more and more. Experience the relaxation deepening in your shoulders, arms and hands. Deeper and deeper. Notice the feeling of looseness and relaxation in your neck, jaws and all your facial muscles.

Shorthand Procedure

The following is a procedure for achieving deep muscle relaxation quickly. Whole muscle groups are simultaneously tensed and then relaxed. As before, repeat each procedure at least once, tensing each muscle group from five to seven seconds and then relaxing from 20 to 30 seconds. Remember to notice the contrast between the sensations of tension and relaxation.

1 Curl both fists, tightening biceps and forearms (Charles Atlas pose). Relax.

2 Wrinkle up forehead. At the same time, press your head as far back as possible, roll it clockwise in a complete circle, reverse. Now wrinkle up the muscles of your face like a walnut: frowning, eyes squinted, lips pursed, tongue pressing the roof of the mouth, and shoulders hunched. Relax.

3 Arch back as you take a deep breath into the chest. Hold. Take a deep breath, pressing out the stomach. Hold. Relax.

4 Pull feet and toes back toward face, tightening shins. Hold. Relax. Curl toes, simultaneously tightening calves, thighs and buttocks. Relax.

(The above procedures have been taken from The Relaxation and Stress Reduction Workbook, Davis et al.)

APPENDIX 5.

A B C EXERCISE

Fill in the following sections

Action — You are waiting to be let through a door. The member of staff in control takes five-and-a-half minutes to come after you've let them know you're there.

Belief — Negative — He kept me waiting on purpose. He enjoyed watching me wait - what a dog. He better be careful or he'll get a smashed face.

Positive

Consequence — Negative — Possibility of physical confrontation and inmate on report.

Positive

Action — You are watching TV in the lounge. A programme you want to watch is on the other channel but three other people in the room don't want to change channels.

Belief — Negative — I never get to watch the programmes I want. They're only saying they want to watch this to stop me seeing my programme. I'll get them back for this.

Positive

Consequence — Negative — Refuses to talk to other three inmates for the next couple of days.

Positive

Action Your mother comes to visit and she starts talking another member of your family who she says is doing very well. She goes on and on about all wonderful things they are doing.

Belief Negative

Positive

Consequence Negative

Positive

Action You come back to your room to find it has been searched. A part of one of your favourite plants is on the floor, obviously broken off during the search.

Belief Negative

Positive

Consequence Negative

Positive

Action Your wife/husband doesn't come home until 7 pm. You remember her/him saying she would be home at 5 pm.

Belief Negative

Positive

Consequence Negative

Positive

Action You have bought takeaways and find that you have been short-changed.

Belief Negative

Positive

Consequence Negative

Positive

APPENDIX 6.

RELAXATION - PMR AND BREATHING

1 Sit quietly in a comfortable position. If possible choose a quiet room, with as few distractions as possible (such as people talking, traffic or radio noises). A comfortable position to relax in is necessary to stop muscles becoming tense, sitting is probably best since if you lie down you may go to sleep.

2 Close your eyes.

3 Deeply relax muscles as you have learned to do. Concentrate on the feelings of relaxation as you let go of muscle tensions.

4 Keep saying relax as you breathe out. Saying relax will help you to breathe easily and naturally, and it will stop your mind from wandering.

5 Continue for 10 to 20 minutes. When you finish sit quietly for several minutes, at first with your eyes closed and then with your eyes opened. Do not stand up for a few minutes.

6 Do not worry about whether you are successful in immediately achieving a deep level of relaxation. Keep a passive attitude, do not try to push yourself into 'being relaxed'. Just let relaxation go ahead in its own way. When distracting thoughts occur, do not worry about them. Ignore them by not giving them any time and by repeating relax. With practice the relaxation will come with less effort. Practice this relaxation once or twice daily, but not within two hours after any meal since the digestive processes seem to make relaxation more difficult.

APPENDIX 7.

DISCUSSION EXERCISE

KNOWING OURSELVES

Tick the statement you feel is you ..

1 I am easy going and take things as they come.

I am organised and careful about details.

2 I like being a leader and find it easy.

I don't like taking the lead.

I usually take the lead but would rather not.

3 I prefer a wide range of interests.

I prefer to concentrate on one or two interests at one time.

4 I like having lots of friends.

I prefer to have just a few close friends.

5 Once I have made up my mind I stick with it.

I can change my mind if necessary.

6 I am affectionate and show it.

I am affectionate and don't show it.

I am not affectionate.

7 I am a confident person.

I am not very sure of myself.

I am not sure of myself but I hide it.

I am not sure of myself and show it.

8 I like myself as I am.

There are some things I would like to change about myself.

9 I am often/sometimes/rarely angry.

10 When I'm angry I show it/hide it.

11 I am moody sometimes.

I am never moody.

12 I like to be the same as others.

I like to be different.

APPENDIX 8.

RELAXATION - GUIDED FANTASY

Lie comfortably on the floor. You may find it easier to close your eyes as you relax.

Now we are going to let go of any tension in our bodies. Be aware of any tense spots in your body. You may want to move slightly to get comfortable. Be aware of the sounds in the distance, the hum of the motorway. ... The sounds just continue without any effort. Now focus on the sounds closeby. ... Be aware of your breathing, the sound of the air flowing in and out.

Notice the feel of the carpet supporting your body, beneath you. Feel the heaviness of your body as it rests on the floor, it just continues like the sounds around, with no effort needed. With each outgoing breath the feeling of support and heaviness gets stronger as you relax.

Notice that your breathing just continues without any effort like the sounds and the things around. It just continues without any need to do anything about it.

Just relax and imagine yourself walking down a path. There is bush around but you can make out the track. You can feel it beneath your bare feet as you push aside the ferns and bushes. Be aware of the wind through the bush descending down to the beach. You become aware of the breeze which has grown pleasantly stronger, you can hear the rustle of the leaves and the distant sound of the waves.

You reach a clearing ... you can feel the breeze on your face as you look out towards the sea. The surf coming in throwing saucers of foam as it comes in across the shore. The sand looks white and glistens, there is no-one around, just the unmarked sand before the full tide. You make your way down and find yourself a spot on this beach.

Wherever you are just relax and notice the sounds around. Be aware of the smells, the things you can see around you. How does it feel? Just let your senses take in the things around you as you relax, just relax.

(Allow up to 5-10 minutes silence.)

You may like to take a photograph of this place you have now found, so that when you come back to the group in a little while, you can keep this place as somewhere you can return to, whenever you feel you need to relax or take time out. As I count back from 10, just gradually come back to where we are now, feeling relaxed and comfortable.

APPENDIX 9.

HANDOUT 1 : STYLES OF COMMUNICATION

SESSION AIM: ENHANCING THE WAY WE COMMUNICATE

PASSIVE PERSON	ASSERTIVE PERSON	AGGRESSIVE PERSON
You get pushed around - are taken advantage of	You do your own thing while allowing others to do theirs.	You are pushy. You take advantage of others.
Do not get where you want to go.	Get what you want without hurting others.	Get what you want at other people's cost.
You feel put down.	You feel good about yourself. You have confidence in yourself.	You put others down.
Shy.	Good communicator.	"Aggro". Aggressive towards people.
You allow others to choose for you.	You choose for yourself.	You push your choices on others.

ASSERTIVENESS

Being yourself while allowing others to be themselves.

Learning to be assertive helps people make clear their views and to feel good about themselves.

Assertion has 3 main features

- be direct, give a clear message using "I" rather than "you" messages, eg, "I disagree rather than "You're wrong". (Practice through this meeting.)
- be spontaneous. Express yourself as soon as possible and don't store things up.
- be honest, especially about your own feelings.

APPENDIX 10.

RELAXATION - INSTRUCTIONS FOR THE INNER GUIDE EXERCISE

From "Thoughts and Feelings the Art of Cognitive Stress Intervention" - McKay, M, David, M, & Fanning, P, 1981, New Harbinger Publications, Richmond CA.

Whenever you practice visualisation it is best to begin by relaxing. You are more receptive to positive suggestions when you are deeply relaxed. The following exercise combines imagery with Progressive Relaxation. Initially it will be worthwhile to tape-record the directions or have someone read them to you. Soon you will learn to do the exercise without needing to hear the directions. The more you practice, the more quickly and profoundly you will relax. Do the exercise twice a day, at about the same time each day and in the same place if possible. Feel free to change any part of the instructions you find uncomfortable or disturbing. For example, some people do not like escalators, so for that part of the scene they imagine stepping onto a conveyor belt or walking down a path or hallway.

Arrange some quiet, uninterrupted time in a peaceful room with soft lighting and a comfortable temperature. This may require the co-operation of the people with whom you live or work. Wear comfortable clothing. Do not do this exercise within a couple of hours after eating a heavy meal. Sit in a comfortable chair and follow the directions.

Place your feet flat on the floor, close your eyes, and relax your limbs. Move around until every part of your body is supported and tension is minimised. Good posture, including a straight spine, is best.

Begin by focussing on your face and feeling any tension in the muscles of your head ... your scalp ... across your forehead ... around your eyes ... your nose ... your cheeks ... your mouth ... your tongue ... your jaw. (pause) Make a mental picture of this tension. It may be a metal band around your head, a burning piece of coal behind your eyes, or a tight clamp on your jaw. (pause) Now mentally picture your symbol of tension relaxing. The metal band becomes a crown of soft feathers, the burning coal becomes beautifully cool, or the tight clamp loosens. (pause) Experience the muscles of your head becoming relaxed. (pause) As they relax, feel a wave of warm relaxation spreading throughout your body. (pause) Contract the muscles of your head ... wrinkle your forehead, scalp, nose, and cheeks ... squeeze your eyelids together ... open your mouth wide and stick out your tongue. Maintain this state of tension for about seven seconds, and then relax. (pause) Feel the relaxation deepening in your body. (pause)

Now let yourself concentrate on your neck and shoulders and feel any tension in these muscles. (pause) Make a mental picture of this tension. (pause) Now mentally picture the symbol of tension relaxing. (pause) Experience the muscles of your neck and shoulders becoming relaxed, warm, and heavy. (pause) As they relax, feel your body becoming more relaxed, warm, and heavy. (pause) Tense the muscles of your neck and shoulders by drawing your shoulders upward toward your neck, squeezing tightly for about seven seconds. Then relax, feeling the relaxation moving through your body. (pause)

Now bring your attention to your arms and hands and notice any tension in these muscles. (pause) Make a mental picture of this tension. (pause) Now picture the symbol of tension relaxing. (pause) Experience the muscles of your arms and hands becoming relaxed, warm, and heavy. (pause) As they relax, let your body slip deeper into peaceful relaxation. (pause) Now tense the muscles of your hands and arms by making fists and flexing your biceps. Hold this pose for about seven seconds and then relax, letting your arms flop down, pulled the force of gravity, very heavy and very relaxed. Study the feeling of relaxation, heaviness, and warmth in your arms and hands and notice that the rest of your body is becoming more and more relaxed. (pause)

Now concentrate on your back and feel any tension in the muscles of your back. (pause) Make a mental picture of this tension. (pause) Mentally picture the symbol of tension relaxing and becoming comfortable. (pause) Experience the muscles of your back becoming relaxed as the rest of your body enters into an even deeper state of relaxation. (pause) Tense the muscles of your back, pulling your shoulders and head backward and arching your back. Be careful not to aggravate any injuries or chronic back trouble you may have. Hold this pose for seven seconds and then relax completely. (pause)

Next focus on your breathing. (pause) Note any tension in the front of your torso ... your chest ... your lungs ... your stomach ... your intestines. (pause) Make a mental picture of this tension. (pause) Mentally imagine the symbol of tension relaxing. (pause) As the muscles of your torso become even more relaxed, feel a wave of warm relaxation spreading out through your entire body. (pause) Take a deep, slow breath, filling first the bottom of your lungs, then the middle, then the top ... and slowly exhale. Inhale slowly again ... this time hold your breath until it just begins to feel uncomfortable and then exhale forcefully through your mouth. Experience a wave of warm relaxation through your body as you continue to breathe slowly and deeply.

Now notice your buttocks, thighs, calves, and feet, and feel any tension in these muscles. (pause) Make a mental picture of this tension. (pause) Now mentally picture the symbol of tension relaxing and becoming comfortable. (pause) Experience the muscles of your buttocks, thighs, calves, and feet becoming heavy, warm and relaxed, along with the rest of your body. (pause) Now contract the muscles of your buttocks, thighs, calves, and feet by raising your legs straight out in front of you and pointing your toes toward you and squeezing your muscles tightly for seven seconds. Then relax, letting your feet fall slowly to the floor. (pause) Study the sensations of warm relaxation and heaviness. (pause) Now raise your legs straight out in front of you again, this time curling your toes under and tightening the muscles of your buttocks, thighs, and calves for seven seconds. Then let your legs fall to the floor again. Notice how relaxed, heavy, and warm these are. (pause)

Now quickly scan your body for any remaining tension. If you encounter any, mentally picture the tension as a symbol. Picture the symbol of tension relaxing away, and then tighten and relax the muscle.

Now you will use visualisation to directly relax your mind. Imagine an escalator that leads down to a wonderfully pleasant place. In your mind's eye, reach out and grasp the railing and step on. As you slowly descend, count backward from ten to one: ten ... nine ... eight ... seven ... six ... five ... four ... three ... two ... one. Step off the escalator and notice the path in front of you. Follow it to a pleasant place of your own choosing

that is totally comfortable for you. It may be by some water, in the mountains, in your home, in a museum, or even in the clouds. It may be a place you have been, or would like to go, or would like to create beyond the boundaries of reality. (pause) Mentally fill in the details of shape, colour, lighting, temperature, sound, texture, taste and smell. Explore your special place. (pause) In your mind's eye look at your hands and feet and notice what you are wearing. Note how you are feeling in this special place, and relax even more. (pause) Continue to imagine yourself relaxed in this very comfortable place for a little while. (pause)

When you are ready to return from your special place, imagine returning to the escalator. (pause) Reach out and grasp the railing and step on. As you ascend, count to ten slowly: one ... two ... three ... four ... five ... six ... seven ... eight ... nine ... ten. When you reach ten and arrive back at the here-and-now, open your eyes.

In the relaxed state attained by the previous exercise, you can choose to suspend your conscious, rational mind and tune into thoughts and images that normally remain out of consciousness. Your conscious mind is a rich storehouse of knowledge that can provide you with alternative ways of looking at and coping with everyday life. Although you may already have some awareness of your unconscious processes from dreams, intuitions, and feelings, you probably do not make use of this inner resource on a regular basis to assist you in getting more out of life. Visualisation in a relaxed state can help you access unconscious information that will expand your conscious alternatives.

For example, Alice was an attractive, successful hair stylist who entered psychotherapy to find out why she could not allow herself to experience pleasure for more than brief moments before getting depressed and withdrawing from any enjoyable activity. Her therapist directed her to relax and assume an attitude of curiosity in which she would be open to any thoughts or images that might come to mind. She was to ask herself, "I wonder why I don't let myself enjoy myself for more than brief moments? I just wonder ..." She then let her mind drift, without forcing any answers. When she did this she saw an image of herself as a child having a wonderful time and suddenly being interrupted by her mother, who glowered at her and said, "Who the hell do you think you are, having a good time when I'm sick and suffering?" Alice realised that, as an adult, she repeated this mental image each time she had a good time, thereby dampening her enjoyment. This memory, long buried in her conscious, gave Alice important insight into her problem as well as direction for positive change.

Prior to watching this clip it is important to stress to group members that we need to look at past situations to see how we can act differently in the future.

APPENDIX 11.

EXPRESSING ANGER ASSERTIVELY : 3-STEP MESSAGE

YOU HAVE THE RIGHT TO EXPRESS YOUR FEELINGS, INCLUDING ANGER BUT REMEMBER

You have a responsibility not to humiliate or abuse other people in the process of expressing your negative feelings.

Many people have been taught that they should not express anger, that they should not let other people know that they feel it, and even that they should not feel angry. It is almost impossible not to feel some anger at some time, and we believe that it is healthy and even helpful for an individual or a relationship to express anger appropriately and with respect for the other person's feelings.

ANGER CAN BE EXPRESSED ASSERTIVELY

People are taught not to express anger because they are likely to become aggressive in expressing it. However, expressions of anger need not involve aggressive behaviour. You can raise your voice, keep a firm expression, and indicate your anger clearly without threatening the other person, without insulting her/him, without being punishing or sarcastic. By using "I" statements and the three-part message described below, you will reduce the likelihood that aggressive content will creep into your verbal behaviour.

GUIDELINES FOR EXPRESSING ANGER ASSERTIVELY

1 Choose the time and place to express your feelings - not in front of others, but as soon as possible.

2 Keep it brief. Say exactly what you want to say initially. Once the other person has received the message, don't keep repeating the point. (That runs the risk of rubbing it in or winding things up.)

3 Be specific. No personal attacks. Avoid words like "always" and "never". Describe (don't label) the behaviour you are angry about. Not "You're always rude and inconsiderate" but "You've just interrupted me twice".

4 Use "I" statements and "feeling talk" in a three-part message framework, eg:

   1 I Feel ... (your feelings)
   2 When/Because ... (behaviour you dislike)
   3 Next time, I would prefer ... (behaviour you prefer)

Indicate in your message that you feel a certain way because of a specific behaviour on the part of the other person. You may also wish to communicate to the other person how you would like her/him to behave in the future.

For example:

I FEEL really annoyed, BECAUSE you didn't ask my opinion before you made that decision. NEXT TIME, I WOULD LIKE YOU TO consult me before making a decision that affects us both.

BODY LANGUAGE OF ASSERTIVENESS

Emphasise the importance of matching our body language with what we say when we act assertively. Ask group members for suggestions on what body language would match assertive behaviour. With specific reference to the following areas.

Body Posture

The "weight" of your messages to others will be increased if you are standing or sitting relaxed but upright, with your body weight evenly distributed, facing the person(s), with your head erect. Be aware of your physical distance from the other(s): make sure it is appropriate to the relationship between you. If you are inappropriately close, your body language may be sending an aggressive message.

Gestures and Movement

A gesture can be effective to emphasise a point. Vague gesturing will undermine the effectiveness of an assertive statement. Frequent or nervous body movements distract from what you are saying. Pointing, wagging or stabbing with your forefinger is a critical gesture.

Eye Contact

Looking directly and steadily at the person with whom you are talking is assertive. It is a way of declaring that you are both sincere and confident. There may be cultural differences, therefore it is important to check out what eye contact is appropriate for various situations.

Facial Expressions

It is assertive to maintain a firm facial expression when expressing anger. Effective assertions require an expression which agrees with the message.

Voice Volume

Neither whispering nor shouting is assertive. A well-modulated statement is convincing without being intimidating. A statement which sounds like a question does not sound convincing.

Timing

Hesitation may diminish the effect of an assertion - but sometimes it is necessary. Pauses can be effective. So is asking for time to respond - or taking some.

APPENDIX 12.

MYTHS AND REALITIES

Myth — Battering is a private matter. No one should disrupt family sanctity.

REALITY — Families should be protected from the invasion of their privacy except when the interests of individual family members and/or the community are jeopardised. The interests of family members and the community are jeopardised when individuals suffer from the threat or reality of family violence.

Battering is assault and assault in a crime, whether it occurs inside or outside the home. The belief that family violence is "private" stigmatises those caught in violent relationships, makes others reluctant to intervene, and this perpetuates the problem.

Myth — Family violence is rare, or we'd hear more about it.

REALITY — One in ten women, and about 1% of men, are abused by their married or common law partners. Tens of thousands of children are abused by their parents or guardians.

We don't hear about abusive relationships because both abusers and abused persons hide the facts from others. Their secrecy is made easier because communities find it difficult to believe abuse occurs. Societal values may accept violence - especially directed against wives or children - so violent incidents are not recognised as abuse.

Myth — Women "ask for it". They drive men to violence.

REALITY — Stress and conflict are part of any relationship. Violence is never an appropriate way to solve a problem. No one deserves to be beaten.

In the early stages of a violent relationship, violence is less frequent. Victims try hard to accommodate the abuser, partly in hopes of avoiding the violence. In later stages, as a survival technique, some victims may provoke fights, to get the violence over with and reduce the tension.

Myth — Abused women like it, or they wouldn't stay.

REALITY — Women stay for varied and complex reasons. They hope to change the man they love, believe the honeymoon promises, feel guilt for breaking up a family, fear his threats, do not have the social or economic resources to make it on their own, and/or have no place to go. The dynamics of "traumatic bonding" create a strong emotional attachment to their abusive partner.

Myth	There's no point in helping abused women. They'll just go back.
REALITY	Many abused women go through an "ambivalent" stage, trying to decide whether to go or stay. Forces pulling them aware are as strong as forces pulling toward the relationship. They leave to test if they can survive outside the relationship, and return to test if the relationship can change. While frustrating to outsiders, this stage enables women to finally resolve their situation.
Myth	Abusers are violent in all their relationships.
REALITY	Some are, some aren't. Men who believe wives or children are their property and must be controlled do not have the same belief about other people, so are not necessarily violent toward others. Sometimes outsiders find it difficult to believe the abuse occurs, because the abuser seems quiet and controlled outside his home. On the other hand, some family abusers are violent both inside and outside their home.
Myth	Drinking causes abusive behaviour.
REALITY	Though drinking and abuse are often associated, one does not cause the other. The abuser has qualities which are contributing factors to both drinking and violence.
Myth	Giving the abusers "a taste of their own medicine" will stop the abuse.
REALITY	Using violence to stop violence is a contradiction, and it doesn't work. Violence generates more violence. However, several pilot projects in Canada and the US indicate that arresting and prosecuting abusers does reduce repeat offences. Abusers need to know their behaviour will not be accepted.
Myth	Children who grow up in abusive situations get used to it and can learn to deal with the abuse.
REALITY	Children do learn to cope. However, evidence suggests that childhood abuse creates longterm difficulties for the children, increasing the likelihood of anti-social behaviour and adult involvement in violent or abusive relationships.
Myth	Nobody can help abusers.
REALITY	People have broken the cycle of violence in their lives. Most had help from others. Helping those in violent relationships is not easy, but it is possible.

Excerpt from "Breaking the Cycle of Family Violence". 1988 Correctional Service, Canada. Bonnie Hutchinson Enterprises Inc.

APPENDIX 13.

SCENARIOS : ABUSED AND ABUSER

CHUCK [1]

Chuck's wife and child have left, this time for good.

"It hurts to have them gone," he says, "And over one argument."

It is not the first time she left Chuck "over arguments." The last incident was during a card game.

"She started arguing over the rules. I grabbed her by the arm and told her to forget it." He admits to "maybe giving her a bit of a shove."

"Then she got hysterical and started running for the neighbors," he says. When pressed, he admits, "I may have slapped her just to bring her to her senses. It didn't hurt her."

She didn't come back.

Chuck believes poor communication is at the root of their problems. "I'd expect to come home and find a clean house, dinner on the table, and my wife with her pants off waiting for me. I get there to find just the opposite. I realize now she couldn't read my mind. I was bound to be disappointed."

For some time before she left, Chuck's wife had been leery about talking to him "for fear of setting him off." Chuck says, "The anger just takes over and you become a different person."

Chuck's wife bore the brunt of the "different person." He admits he once punched her for having a casserole instead of meat, and another time throwing her against a wall after she danced with another man.

She once told him she stopped loving him when he threw their crying child over the fence. Chuck says he was just "wrestling with the kid because I wanted her to grow up tough."

In lower moments, Chuck talks about his father who "always put me down and made me feel stupid." His father's word was law. "You might not like him but by God you respected him."

"I may have slapped her just to bring her to her senses. She should know better than to make me mad."

"My old man used to beat us up when we got out of line," Chuck remembers. But when Chuck was 18, he hit back. "I knew I was a man the day I beat up my father," he says. "I left home after that. To this day I hate his guts."

Chuck is sometimes bitter about his wife. "So maybe I lost my temper sometimes," he says. "Everyone does that. She should know better than to make me mad."

Excerpt from "Breaking the Cycle of Family Violence". 1988. Correctional Service, Canada. Bonnie Hutchinson Enterprises Inc.

SCENARIOS : THE ABUSED

ANNE

Anne remembers vividly the night she left.

Her husband of 16 years was on the rampage, shooting rifle holes in the walls and threatening murder.

She fled with her three children and hid in the neighbor's garage. The neighbors heard her, took them in and called the police.

"I was terrified my husband would find us before the police got there, and humiliated that the neighbors had to see us like that," Anne says.

Her husband had been "a really nice guy" before they married, and the first few years were fine.

"He started to change when I got pregnant," Anne says. "That's the first time he hit me."

They were both shocked. Her husband begged forgiveness, bought her flowers, promised it would never happen again.

She believed him. For awhile, they were close and affectionate. But tensions mounted again, and they had another violent argument.

The second time he hit her they were not so shocked. Again he was contrite and loving, like the man she had married.

By the time their third child was a toddler, the relationship had deteriorated to a vicious cycle: periods of tension followed by his explosions of violence. Affection was replaced by indifference.

> "My doctor said I had no place left to bruise."

She tried to anticipate his moods, do whatever she could to avoid triggering his anger. "I was Mrs. Clean, kept the kids out of his way, cut myself off from my friends because he would get mad when I visited other people," she says.

"Even when he wasn't angry, I lived in fear, never knowing what would set off the next explosion."

Her body showed the results. "My doctor asked me how long I was going to put up with this," she says. "He told me I didn't have any place left to bruise."

After she fled, she moved to a different community. But still she lived in fear, afraid he would find them and kidnap the children as he had threatened to do.

"And I felt so guilty," she says. "I kept thinking, maybe if I could have been a better wife he'd have been different."

It's five years later. She's learned she is not responsible for his violence. But she still has flash-backs.

"Sometimes I see a shadow and the fear comes back," she says. "I wonder if it will ever go away."

Excerpt from "Breaking the Cycle of Family Violence". 1988. Correctional Service, Canada. Bonnie Hutchinson Enterprises Inc.

APPENDIX 14.

HINTS FOR WHEN IN CONFLICT

If you are committed toward working through difficulties then be mindful of the following

- Violence in any form is out! (If it occurs you are not ready for conflict resolution. You need to manage your personal reaction and discard tactics to dominate the other person.
- Resolving conflict needs the parties to show some willingness to co-operate.
- Choose the best time and place to talk things out (not when one has to leave, or in front of others).
- Stick to the real issue - (don't argue about the dishes when the real issue is that you don't think you talk to each other enough).
- No-one runs away - (don't give the silent treatment, don't use tears, don't walk out on it. If you need to take time out, say you will be back to work things out).
- Avoid personal attacks, dragging in the in-laws.
- Don't bring up the past, don't use the fight to bring up all the things you have been unhappy with in the past.
- Don't manipulate by withdrawing love or sex.
- Don't let your anger go on for days, start communicating.
- Admit mistakes and start looking for a positive solution.

The aim is not to have a winner and a loser, but to find a way together.

APPENDIX 15.

PERSONAL AGREEMENT

I know that I can manage my anger by

- taking time out
- doing relaxation exercises
- controlling my thoughts
- communicating
- being assertive
- solving relationship problems

I have decided to keep up these skills by

- practising them regularly
- using them at the first sign(s) of anger

I promise myself that if I have a lapse I will

- treat it as a temporary slip
- a sign that I should resume my anger journal
- use the journal to identify risky situations
- plan alternative ways of using my skills to cope

If I keep having lapses I will

- contact ..... ph .....
  (partner/friend/relative)

  and/or

- contact ..... ph .....
  (local self-help group)
- and share the problem.

SIGNED.....DATE.....